



OFFICIAL REPORT  
AITHISG OIFIGEIL

# Meeting of the Parliament

Tuesday 30 April 2024

Session 6



The Scottish Parliament  
Pàrlamaid na h-Alba

© Parliamentary copyright. Scottish Parliamentary Corporate Body

Information on the Scottish Parliament's copyright policy can be found on the website - [www.parliament.scot](http://www.parliament.scot) or by contacting Public Information on 0131 348 5000

---

**Tuesday 30 April 2024**

**CONTENTS**

	<b>Col.</b>
<b>TIME FOR REFLECTION</b> .....	1
<b>BUSINESS MOTION</b> .....	3
<i>Motion moved—[George Adam]—and agreed to.</i>	
<i>Amendment moved—[Douglas Ross]—and disagreed to.</i>	
Douglas Ross (Highlands and Islands) (Con) .....	3
The Minister for Parliamentary Business (George Adam).....	6
<b>TOPICAL QUESTION TIME</b> .....	11
Colleges (Funding Gap) .....	11
Private General Practice Clinics .....	14
<b>ABORTION SERVICES (SAFE ACCESS ZONES) (SCOTLAND) BILL: STAGE 1</b> .....	18
<i>Motion moved—[Gillian Mackay].</i>	
Gillian Mackay (Central Scotland) (Green).....	18
Clare Haughey (Rutherglen) (SNP).....	21
The Minister for Public Health and Women’s Health (Jenni Minto).....	25
Meghan Gallacher (Central Scotland) (Con) .....	28
Carol Mochan (South Scotland) (Lab).....	30
Ross Greer (West Scotland) (Green) .....	32
Alex Cole-Hamilton (Edinburgh Western) (LD) .....	34
Rona Mackay (Strathkelvin and Bearsden) (SNP).....	37
Sandesh Gulhane (Glasgow) (Con) .....	39
John Mason (Glasgow Shettleston) (SNP).....	41
Monica Lennon (Central Scotland) (Lab) .....	43
Annie Wells (Glasgow) (Con) .....	45
Ruth Maguire (Cunninghame South) (SNP).....	47
Lorna Slater (Lothian) (Green) .....	49
Carol Mochan .....	51
Tess White (North East Scotland) (Con) .....	52
Jenni Minto .....	54
Gillian Mackay .....	57
<b>VICTIMS AND PRISONERS BILL</b> .....	60
<i>Motion moved—[Jenni Minto].</i>	
The Minister for Public Health and Women’s Health (Jenni Minto).....	60
Clare Haughey (Rutherglen) (SNP).....	62
Sandesh Gulhane (Glasgow) (Con) .....	63
Paul Sweeney (Glasgow) (Lab).....	64
Jenni Minto .....	66
<b>SCOTTISH PUBS CODE ADJUDICATOR</b> .....	68
<i>Motion moved—[Richard Lochhead].</i>	
<b>MOTION WITHOUT NOTICE</b> .....	69
<i>Motion moved—[George Adam]—and agreed to.</i>	
<b>DECISION TIME</b> .....	70
<b>HEALTH AND SAFETY AT WORK ETC ACT 1974 (50TH ANNIVERSARY)</b> .....	73
<i>Motion debated—[Bill Kidd].</i>	
Bill Kidd (Glasgow Anniesland) (SNP).....	73
Marie McNair (Clydebank and Milngavie) (SNP).....	75
Jamie Halcro Johnston (Highlands and Islands) (Con).....	77
Richard Leonard (Central Scotland) (Lab) .....	79
Maggie Chapman (North East Scotland) (Green) .....	80
Carol Mochan (South Scotland) (Lab).....	82
Fulton MacGregor (Coatbridge and Chryston) (SNP) .....	83
The Minister for Energy, Just Transition and Fair Work (Gillian Martin) .....	84

---

# Scottish Parliament

*Tuesday 30 April 2024*

*[The Presiding Officer opened the meeting at 14:00]*

## Time for Reflection

**The Presiding Officer (Alison Johnstone):** Good afternoon. The first item of business is time for reflection, and our time for reflection leader today is the Rev Murdo A N Macleod, the minister of the Snizort Free Church of Scotland (Continuing), on the Isle of Skye.

**The Rev Murdo A N Macleod (Free Church of Scotland (Continuing)):** Presiding Officer and members of Parliament, good afternoon—feasgar math.

In the gospel according to John, in chapter 2, we have an account of the first public miracle that was performed by the Lord Jesus Christ, at a wedding in Cana of Galilee, thereby setting his seal of blessing on marriage—an institution that he himself had first created. The miracle, in which he turned water into wine, was an act of both compassion and revelation.

In the culture of Jesus's day, weddings were fairly extravagant affairs, often lasting several days, and those who were responsible for the event had to ensure that sufficient supplies were there. For some reason, on this occasion, the wine ran out, bringing huge embarrassment and the potential for serious problems for the young couple.

In that situation the Lord showed compassion—the same compassion that brought him into this world, to Bethlehem and, ultimately, to Calvary. His first public miracle was an act of compassion, and his last public act, on the cross, was an act of supreme compassion, as a substitute for poor sinners.

It was also an act of revelation, showing who he was and what he would do. He demonstrated his power and authority—not needing to even handle the water, he simply willed the change and it was done. That was the same authority with which he would later still the wind and the waves.

The miracle revealed what he still does—turning sorrow into joy and emptiness into fullness, and compensating again and again perfectly for our deficiencies.

The miracle also showed how he would do his saving work. In the miracle, just as here, he does it abundantly. It was not a small amount of wine that he provided, and, when he comes into our lives,

he brings an abundance of blessing. He does it perfectly. The wine that he produced was reckoned to be superior to all that had been provided before. Likewise, his saving work is perfect. He does it abundantly, perfectly and, yes, confidently. Having effected the change, he did not ask for a sample to see whether the miracle had been successful. He did not need to. He instructed that it be taken immediately to the head of the event. Such confidence in his own work gives those who have come to trust in him as their saviour confidence in him.

Sir James Simpson, who pioneered chloroform in surgery and midwifery, was once asked in a university here, in Edinburgh, what his greatest discovery was. He replied:

“I am a great sinner and Christ is a great saviour.”

I conclude with the Aaronic blessing:

“The Lord bless thee, and keep thee: The Lord make his face shine upon thee, and be gracious unto thee: The Lord lift up his countenance upon thee, and give thee peace.”

## Business Motion

14:04

**The Presiding Officer (Alison Johnstone):**

The next item of business is consideration of business motion S6M-13040, in the name of George Adam, on behalf of the Parliamentary Bureau, on changes to the business programme. I call George Adam to move the motion.

*Motion moved,*

That the Parliament agrees to the following revisions to the programme of business for—

(a) Tuesday 30 April 2024—

after

*followed by* Stage 1 Debate: Abortion Services (Safe Access Zones) (Scotland) Bill

insert

*followed by* Legislative Consent Motion: Victims and Prisoners Bill - UK Legislation

(b) Wednesday 1 May 2024—

delete

*followed by* Scottish Government Debate: Equality and Modern Positive Masculinity

and insert

*followed by* Motion of No Confidence

*followed by* Scottish Government Debate: WASPI: Women Against State Pension Inequality

(c) Thursday 2 May 2024—

delete

*followed by* Ministerial Statement: Publication of the Mental Health and Capacity Reform Programme – Initial Delivery Plan—  
[George Adam]

**The Presiding Officer:** I call on Douglas Ross to move amendment S6M-13040.1. You have up to five minutes, Mr Ross.

14:05

**Douglas Ross (Highlands and Islands) (Con):**

The business of Parliament this week is fluid. Indeed, last night, the business managers were presented with a proposal from the Scottish Government to debate and vote on two motions of no confidence—one was a motion of no confidence in the Scottish Government and one was lodged by me on behalf of the Scottish Conservatives as a motion of no confidence in Humza Yousaf. That one has been successful: Humza Yousaf is resigning as First Minister of Scotland. Therefore, I thought it was right to use the time that the Scottish Government had found for a debate, of just 30 minutes, to get a statement

from the Lord Advocate, here in the Scottish Parliament, on her current position and the Scottish Government's position on the Horizon scandal.

That is a crucially important issue that must be discussed and debated here in the Scottish Parliament. The proposal was put forward by my business manager at the Parliamentary Bureau, and it was rejected by the Scottish Government. I understand that the Scottish Government will look to bring forward that business at a later date, and I hope that it will do that even if this amendment is not successful.

The issue is important. We decided to bring the amendment to the chamber this afternoon so that the discussions are not held behind closed doors and so that sub-postmasters across Scotland can see that MSPs from, I think, across the political spectrum want answers on their behalf. The amendment would not delete any business tomorrow, because the Government has come forward with another debate and there will be a vote of no confidence. The amendment simply proposes that, instead of finishing at 5 o'clock tomorrow night, we stay for an extra 30 minutes until half past 5 to get the Lord Advocate in front of us to make a statement to the Parliament and to the people of Scotland and to answer questions. Across the chamber, there is a clear consensus that the wrong of sub-postmasters being wrongly prosecuted because of a faulty information technology system must be resolved, and resolved as quickly as possible.

It is abundantly clear that a blanket exoneration must be legislated for as soon as possible. However, given the independent legal system—

**Keith Brown (Clackmannanshire and Dunblane) (SNP):** Will the member give way?

**Douglas Ross:** Given the independent legal system that we have in Scotland, the issue is an entirely devolved matter for the Parliament, and the fastest way for a blanket exoneration to be taken forward is through primary legislation here, in the Scottish Parliament.

Just before I give way to Keith Brown, I will say that this is where we come to an issue. We have heard positive comments from Scottish Government ministers that they want to legislate as quickly as possible, and we welcome that, but we have also heard conflicting comments from the Lord Advocate, who serves not just as the head of the Crown Office and Procurator Fiscal Service in Scotland but as a member of the Scottish Government, sitting at the Cabinet table. Until we know whether her position has changed or whether it remains the case that she is against a blanket exoneration, we will be no further forward.

The reason why I think that it is so important that we have the statement tomorrow—I hope that the Scottish Government business manager will accept this on the Government’s behalf—is that we last heard from the Lord Advocate on 16 January. Three and a half months later, this Parliament and, more importantly, sub-postmasters deserve to know the current position of both the Lord Advocate and the Scottish Government.

I will give way to Mr Brown.

**Keith Brown:** I think that Mr Ross and I are agreed that we want to see this happen as quickly as possible. Given that the activity involved was undertaken by the Post Office, which is a reserved function, and overseen by the United Kingdom Government, does the member not think that the quickest approach would be for the UK Government to incorporate the process at the UK level, where the issue started? Has he asked the question at Westminster about why we cannot use that approach, which is the quickest and most effective way to do it? Surely he supports that. Is there any reason why he does not support it?

**Douglas Ross:** Not only have I asked that question, but I heard the responses yesterday from the minister, Kevin Hollinrake, and from MPs of all political persuasions, with the exception of the Scottish National Party. The Post Office (Horizon System) Offences Bill was passed in the House of Commons yesterday, which is why we need to know what is going to happen in Scotland.

The crucial difference is that prosecutions in Scotland were led by the Crown Office, not by the Post Office, as they were in England and Wales. I therefore think that there is agreement across the Parliament—I hope that there is agreement—that we need answers on behalf of the sub-postmasters.

I would simply ask this. We are now in the era of a minority Government, when we have to work together, so surely it is in the interests of that fresh start, and of the Parliament for it to be able to do its job, that the Government accepts that, tomorrow night, we will stay for an extra 30 minutes until half past 5 to hear from the Lord Advocate and to get answers. Then we can move forward to bring in the important legislation.

I move amendment S6M-13040.1, after

*“followed by Scottish Government Debate: WASPI: Women Against State Pension Inequality”*

to insert:

*“followed by* Statement by the Lord Advocate on Post Office Horizon Prosecutions

delete

5.00 pm Decision Time

and insert

5.30 pm Decision Time”.

**The Presiding Officer:** I call George Adam to respond on behalf of the Parliamentary Bureau.

14:10

**The Minister for Parliamentary Business (George Adam):** First and foremost, the people involved in the Horizon scandal are the most important ones here. They have waited for decades for Westminster to find a solution to the issue.

This is all very disappointing from the Conservatives, and I feel that I have to educate Mr Ross on the way in which this Parliament works. He seems to be more au fait with how Westminster works. The Parliamentary Bureau was set up as a way for all parliamentary bodies and parties comprising members of the Parliament to have a discussion on how business goes forward. We have open discussions as a safe place for everyone. It is not for us to sit here and start chuntering on about that in the chamber, two hours after the meeting; it is to be done there, in the bureau.

Douglas Ross is quite right that our meetings do not take place in smoke-filled rooms or anything like that; they are perfectly open for everyone to see. The disappointing part, and the misunderstanding, relates to this: during today’s debate and discussion, I said, “I have just received this information this morning. I have been to Cabinet, and things have been quite busy. I will get back to business managers in the usual manner.” Surely we have built up enough trust with individuals to deal with that.

Let us just deal with the clarity of the situation. There is no clarity needed. The Scottish Government has repeatedly made clear its position that proposed legislation will be brought forward to the Scottish Parliament as required. Late last night, it became clear that the United Kingdom Post Office (Horizon System) Offences Bill would not be extended to Scotland, and the Scottish Government is deeply disappointed with that decision by the UK Government.

**Douglas Ross:** Will the minister give way?

**George Adam:** We have heard enough from Mr Ross.

The Scottish Government has always said that we would bring forward a Scottish bill if that was the case. I would not mind giving way if Mr Ross had anything of any value to add to the debate.

I normally respect the parliamentary process. On this occasion, when the Tories are playing politics with people’s lives, I can confirm that a bill

is currently going through the usual parliamentary process and will be introduced shortly.

With that in mind, I point out that people have waited years, if not decades, for the Westminster establishment to do something on the issue, but the Scottish Government will not let the postmasters down and it will deliver.

**The Presiding Officer:** The question is, that amendment S6M-13040.1, in the name of Douglas Ross, which seeks to amend motion S6M-13040, in the name of George Adam, on behalf of the Parliamentary Bureau, on changes to the business programme, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division.

There will be a short suspension to allow members to access the digital voting system.

14:13

*Meeting suspended.*

14:18

*On resuming—*

**The Presiding Officer:** We come to the vote on amendment S6M-13040.1, in the name of Douglas Ross. Members should cast their votes now.

The vote is closed.

**The Minister for Children, Young People and Keeping the Promise (Natalie Don):** On a point of order, Presiding Officer. There was a problem with my app. I would have voted no.

**The Presiding Officer:** Thank you, Ms Don. We will ensure that that is recorded.

**Mark Ruskell (Mid Scotland and Fife) (Green):** On a point of order, Presiding Officer. My app froze. I would have voted no.

**The Presiding Officer:** Thank you, Mr Ruskell. We will ensure that that is recorded.

**Bill Kidd (Glasgow Anniesland) (SNP):** On a point of order, Presiding Officer. There was a problem with my app. I would have voted no.

**The Presiding Officer:** Thank you, Mr Kidd. We will ensure that that is recorded.

**For**

Baillie, Jackie (Dumarton) (Lab)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Balfour, Jeremy (Lothian) (Con)  
 Bibby, Neil (West Scotland) (Lab)  
 Boyack, Sarah (Lothian) (Lab)  
 Briggs, Miles (Lothian) (Con)  
 Burnett, Alexander (Aberdeenshire West) (Con)  
 Carlaw, Jackson (Eastwood) (Con)  
 Carson, Finlay (Galloway and West Dumfries) (Con)  
 Choudhury, Foyso (Lothian) (Lab)

Clark, Katy (West Scotland) (Lab)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 Dowe, Sharon (South Scotland) (Con)  
 Duncan-Glancy, Pam (Glasgow) (Lab)  
 Eagle, Tim (Highlands and Islands) (Con)  
 Findlay, Russell (West Scotland) (Con)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Gallacher, Meghan (Central Scotland) (Con)  
 Golden, Maurice (North East Scotland) (Con)  
 Gosal, Pam (West Scotland) (Con)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Greene, Jamie (West Scotland) (Con)  
 Griffin, Mark (Central Scotland) (Lab)  
 Gulhane, Sandesh (Glasgow) (Con)  
 Halcro Johnston, Jamie (Highlands and Islands) (Con)  
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)  
 Hoy, Craig (South Scotland) (Con)  
 Johnson, Daniel (Edinburgh Southern) (Lab)  
 Kerr, Liam (North East Scotland) (Con)  
 Kerr, Stephen (Central Scotland) (Con)  
 Lennon, Monica (Central Scotland) (Lab)  
 Leonard, Richard (Central Scotland) (Lab)  
 Lumsden, Douglas (North East Scotland) (Con)  
 Marra, Michael (North East Scotland) (Lab)  
 McArthur, Liam (Orkney Islands) (LD)  
 McCall, Roz (Mid Scotland and Fife) (Con)  
 McNeill, Pauline (Glasgow) (Lab)  
 Mochan, Carol (South Scotland) (Lab)  
 Mountain, Edward (Highlands and Islands) (Con)  
 Mundell, Oliver (Dumfriesshire) (Con)  
 O'Kane, Paul (West Scotland) (Lab)  
 Regan, Ash (Edinburgh Eastern) (Alba)  
 Rennie, Willie (North East Fife) (LD)  
 Ross, Douglas (Highlands and Islands) (Con)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 Sarwar, Anas (Glasgow) (Lab)  
 Simpson, Graham (Central Scotland) (Con)  
 Smith, Liz (Mid Scotland and Fife) (Con)  
 Smyth, Colin (South Scotland) (Lab)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Sweeney, Paul (Glasgow) (Lab)  
 Webber, Sue (Lothian) (Con)  
 Wells, Annie (Glasgow) (Con)  
 White, Tess (North East Scotland) (Con)  
 Whitfield, Martin (South Scotland) (Lab)  
 Whittle, Brian (South Scotland) (Con)  
 Wishart, Beatrice (Shetland Islands) (LD)

**Against**

Adam, George (Paisley) (SNP)  
 Adam, Karen (Banffshire and Buchan Coast) (SNP)  
 Adamson, Clare (Motherwell and Wishaw) (SNP)  
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Brown, Siobhian (Ayr) (SNP)  
 Burgess, Ariane (Highlands and Islands) (Green)  
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)  
 Chapman, Maggie (North East Scotland) (Green)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Constance, Angela (Almond Valley) (SNP)  
 Dey, Graeme (Angus South) (SNP)  
 Don, Natalie (Renfrewshire North and West) (SNP)  
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)  
 Dornan, James (Glasgow Cathcart) (SNP)  
 Dunbar, Jackie (Aberdeen Donside) (SNP)  
 Ewing, Annabelle (Cowdenbeath) (SNP)  
 Ewing, Fergus (Inverness and Nairn) (SNP)  
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)  
 FitzPatrick, Joe (Dundee City West) (SNP)



Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)	<i>followed by</i>	Stage 1 Debate: Abortion Services (Safe Access Zones) (Scotland) Bill
Gibson, Kenneth (Cunninghame North) (SNP)		
Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)	insert	
Gougeon, Mairi (Angus North and Mearns) (SNP)		
Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)	<i>followed by</i>	Legislative Consent Motion: Victims and Prisoners Bill - UK Legislation
Gray, Neil (Airdrie and Shotts) (SNP)		
Greer, Ross (West Scotland) (Green)	(b) Wednesday 1 May 2024—	
Harper, Emma (South Scotland) (SNP)	delete	
Harvie, Patrick (Glasgow) (Green)		
Haughey, Clare (Rutherglen) (SNP)	<i>followed by</i>	Scottish Government Debate: Equality and Modern Positive Masculinity
Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)		
Hyslop, Fiona (Linlithgow) (SNP)	and insert	
Kidd, Bill (Glasgow Anniesland) (SNP)		
Lochhead, Richard (Moray) (SNP)	<i>followed by</i>	Motion of No Confidence
MacGregor, Fulton (Coatbridge and Chryston) (SNP)		
Mackay, Gillian (Central Scotland) (Green)	<i>followed by</i>	Scottish Government Debate: WASPI: Women Against State Pension Inequality
Mackay, Rona (Strathkelvin and Bearsden) (SNP)		
Macpherson, Ben (Edinburgh Northern and Leith) (SNP)		
Maguire, Ruth (Cunninghame South) (SNP)	(c) Thursday 2 May 2024—	
Martin, Gillian (Aberdeenshire East) (SNP)	delete	
Mason, John (Glasgow Shettleston) (SNP)		
Matheson, Michael (Falkirk West) (SNP)	<i>followed by</i>	Ministerial Statement: Publication of the Mental Health and Capacity Reform Programme – Initial Delivery Plan
McAllan, Màiri (Clydesdale) (SNP)		
McKee, Ivan (Glasgow Provan) (SNP)		
McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)		
McLennan, Paul (East Lothian) (SNP)		
McMillan, Stuart (Greenock and Inverclyde) (SNP)		
McNair, Marie (Clydebank and Milngavie) (SNP)		
Minto, Jenni (Argyll and Bute) (SNP)		
Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)		
Robertson, Angus (Edinburgh Central) (SNP)		
Robison, Shona (Dundee City East) (SNP)		
Roddick, Emma (Highlands and Islands) (SNP)		
Ruskell, Mark (Mid Scotland and Fife) (Green)		
Slater, Lorna (Lothian) (Green)		
Somerville, Shirley-Anne (Dunfermline) (SNP)		
Stevenson, Collette (East Kilbride) (SNP)		
Stewart, Kaukab (Glasgow Kelvin) (SNP)		
Stewart, Kevin (Aberdeen Central) (SNP)		
Sturgeon, Nicola (Glasgow Southside) (SNP)		
Swinney, John (Perthshire North) (SNP)		
Thomson, Michelle (Falkirk East) (SNP)		
Todd, Maree (Caithness, Sutherland and Ross) (SNP)		
Torrance, David (Kirkcaldy) (SNP)		
Tweed, Evelyn (Stirling) (SNP)		
Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)		

**The Presiding Officer:** The result of the division on amendment S6M-13040.1, in the name of Douglas Ross, is: For 57, Against 68, Abstentions 0.

*Amendment disagreed to.*

**The Presiding Officer:** The next question is, that motion S6M-13040, in the name of George Adam, on behalf of the Parliamentary Bureau, on changes to the business programme, be agreed to.

*Motion agreed to,*

That the Parliament agrees to the following revisions to the programme of business for—

(a) Tuesday 30 April 2024—

after

## Topical Question Time

### Colleges (Funding Gap)

1. **Liam Kerr (North East Scotland) (Con):** To ask the Scottish Government what assessment it has made of the reported funding gap facing Scotland's colleges. (S6T-01955)

**The Minister for Higher and Further Education; and Minister for Veterans (Graeme Dey):** The Scottish Government budget for 2024-25 provides colleges with the same resources as are available in 2023-24. Given the extraordinary financial challenges that we are facing after years of austerity, I hope that Mr Kerr will recognise that as a demonstration of this Government's commitment to our colleges.

The Scottish Government will again invest around £2 billion this year in our colleges and universities, enabling more than half a million people to access the learning opportunities that they need in order to fulfil their potential and deliver the skills that Scotland needs. That includes more than £750 million of investment in the college sector.

**Liam Kerr:** Cutting through that spin, I note that it was reported yesterday that, over the past three years, the total combined budget gap stands at nearly £500 million. Audit Scotland has warned that

"Risks to the college sector's financial sustainability have increased"

in the past year, while the Scottish Funding Council has identified three colleges with "significant cash-flow issues". How will the Government's approach to funding and resourcing Scotland's colleges change in response to the apparently existential threat that the current approach has created?

**Graeme Dey:** I accept that there is a gap, but I disagree with the figure that has been quoted. If the gross domestic product deflator is used rather than the consumer price index, as the Treasury would recommend, the number is lower. In addition, the baseline years that are used are not comparable, because they vary between academic and financial years.

I accept that there is a gap in terms of the premise that has been advanced. However, how could it be otherwise, given the financial challenges that this Government faces? If Mr Kerr or anyone else wants more money for colleges—he is perfectly entitled to suggest that that should be the case—it is incumbent on them to tell us from where in the education or wider Scottish Government budget they would take that money.

**Liam Kerr:** Well, of course, we did that, and, if the minister does not accept the figures, perhaps he can tell us in his next answer what he thinks the deficit is over the three years.

Colleges Scotland correctly describes colleges as being of

"critical importance to Scotland's people, communities, and the economy",

and as being crucial to delivering on the Scottish Government's priorities. However, the Educational Institute of Scotland Further Education Lecturers Association says that colleges have not been

"given sufficient funding to do the job they are expected to do",

and Colleges Scotland says that colleges

"cannot keep delivering more with less."

If the Scottish Government will not make different choices and fund colleges properly, which of its purported priorities does it no longer require colleges to deliver?

**Graeme Dey:** This sounds like groundhog day, to be quite honest. Yet again, we have the Opposition coming to the chamber to ask for more funding. That is fine, but our budget has been decimated by Liam Kerr's party's decisions at Westminster. The cost of living crisis has been visited on us—all of us, our colleges included—by the Tories. That is relevant to the issue as well.

If Liam Kerr wants more money for colleges, where is it going to come from? Something would have to give. What are the Conservatives suggesting that we cut? To invest more in colleges, do they suggest that we should cut funding from schools or hospitals? That is the stark choice that everyone has to face.

We know one thing that the Tories, and at least some members in the Labour Party, are united in wanting to cut: free tuition. Students in Scotland will never forgive them for that.

**The Presiding Officer:** There is a great deal of interest from members wishing to put supplementary questions, so I would be grateful if members could keep questions and responses concise.

**Audrey Nicoll (Aberdeen South and North Kincardine) (SNP):** The minister touched on the fact that, despite the shadow of 14 years of Westminster austerity, Scotland is still choosing to invest in its public sector. Will the minister provide further information about the action that the Scottish Government is taking to ensure that the college sector is built on fair work principles that support staff and students alike?

**Graeme Dey:** The fair work first criteria set out a range of fair work practices, including payment

of the real living wage, no inappropriate use of zero-hours contracts, the offer of flexible and family-friendly working practices and investment in workforce development. Fair work is a term and condition of funding from the Scottish Government and the SFC and those funding conditions place an obligation on institutions to be exemplars of fair work. The Government expects the Scottish Funding Council to continue monitoring adherence to those conditions across the college sector.

**Richard Leonard (Central Scotland) (Lab):** In his resignation speech yesterday, the First Minister told us that

“it is often the most marginalised in our society who bear the brunt.”

Does the minister accept that that is exactly what is happening, and will happen, because of cuts to further education and to student places?

**Graeme Dey:** I accept that the funding settlement creates challenges for colleges; I do not accept the picture painted by Richard Leonard.

I say again to Richard Leonard what I said to Liam Kerr. He is perfectly entitled to advance the argument that we should spend more money on colleges, but, if he believes that, he has to tell us where that money will come from. I seem to recall that there was not a word from Labour during the budget process by way of a proposal to divide up the education budget in a different way.

**Willie Rennie (North East Fife) (LD):** Back in January, the Scottish Funding Council said that a number of colleges were in a dangerous financial position and had extreme cash flow difficulties. Is that still the case? Can the minister assure Parliament that no college will be allowed to close?

**Graeme Dey:** Mr Rennie makes a fair point. The SFC has flagged up concerns about a number of colleges, but I can assure Mr Rennie that the SFC is doing extensive work, on behalf of the Government, to engage with those colleges to ensure that they can move towards a sustainable footing. These are not easy times for colleges, which face significant, long-term and systemic challenges, but the SFC is extremely active in trying to ensure that colleges are helped towards a more secure future.

**Brian Whittle (South Scotland) (Con):** The minister will be aware that, during First Minister's question time last Thursday, I asked about the lack of engineering apprenticeships to serve the engineering cluster around Prestwick airport. Would the £84 million that has been brought back into the Ayrshire growth deal now that the Mangata Networks project has failed help the minister to fund the places that have been cut from Ayrshire college?

**Graeme Dey:** I will pick up directly on Mr Whittle's reasonable point. There is considerable demand for apprenticeships in engineering, which is one of the largest sectors that we support, and I am aware of the demand from the Prestwick cluster. However, the member will recognise the demand for engineering apprenticeships all over the country, which is driving the reform agenda for apprenticeships. We are looking at where there is the greatest need in the economy and at where there is the greatest demand and we are matching apprenticeships to those. That work is on-going, and I am happy to engage further with Mr Whittle on that subject.

**Pam Duncan-Glancy (Glasgow) (Lab):** In answering these questions, the Government is behaving as if it is not the Government. Colleges across Scotland have identified the same problems: chronic funding gaps, fewer students, a drop in student support and staff striking for fair pay. What is consistent is that that has all happened on this Government's watch. The Government stepped in to ensure that public sector staff elsewhere secured appropriate pay uplifts to meet the cost of living, but it has not done that for college staff.

The Government seems to hold colleges in low regard. When will the minister end that slopey-shouldered approach and finally step in to support students and staff and to sort out the mess that he has left colleges in?

**Graeme Dey:** Once again, we see Labour behaving like a party that is not fit to be the Opposition, never mind the Government, although it aspires to be in government in Westminster before too long.

I reiterate to Pam Duncan-Glancy what I said to Richard Leonard and to Liam Kerr: members cannot come to this chamber and rattle off a list of demands—that does not happen for the college sector alone—without in any way identifying how they would be funded. That is reckless.

**The Presiding Officer:** I apologise to those members whom I am unable to call under question 1. I must move on to question 2.

### Private General Practice Clinics

2. **Carol Mochan (South Scotland) (Lab):** To ask the Scottish Government for what reason the number of private GP clinics has reportedly tripled since the Covid-19 pandemic. (S6T-01957)

**The Cabinet Secretary for NHS Recovery, Health and Social Care (Neil Gray):** The pandemic was the biggest shock in the history of the national health service, and its effects are still felt. Activity in general practice returned to pre-pandemic levels once general practitioners could safely offer more appointments, but perceptions—I

believe from my time as health secretary that they are false perceptions—persist that GP practices are unwilling to see patients. That perception endures.

General practice is fundamental to an NHS that is free at the point of need, and we invested £1.2 billion into general practice last year. We are working to better understand the increasing complexity of GP appointments and the nature of demand so that we can reform and support delivery of better services to patients.

**Carol Mochan:** Does the cabinet secretary accept that, by not adequately funding GP services, this Government has overseen the development of a two-tier health system whereby the worst off go without and even those on lower incomes are forced to pay for themselves or their loved ones to see a GP?

**Neil Gray:** I do not. As I said in my answer to the original question, we are investing £1.2 billion into general practice. There is much complexity in what primary care in general and general practice in particular are facing, given the complexity of the needs of those who are presenting at their surgeries. The time that is required by GPs and multidisciplinary teams, which we are also investing in to add capacity, to treat those cases means that the pressure that is being felt in primary care, and in GP practices in particular, is still very high. That is why it is important that we continue to have discussions with GPs—as I do; I have met three GP practices over the past week—and hear from them what will make the difference in adding capacity, ensuring that people continue to get that service and preventing people from entering secondary care, including the acute system.

**Carol Mochan:** For patients, the complexity in the system lies in the difficulty that they face when they try to see a GP. Over the past decade, the number of GP practices in Scotland has fallen by almost 100 to 897, and the fall is represented all over Scotland. GP numbers dropped from 4,514 in 2022 to 4,474 last year. That is regressive, not progressive. Can the cabinet secretary give the public any assurance at all that that trend will reverse? What can they expect to see this Government deliver to increase the availability of GPs to our constituents?

**Neil Gray:** We can already see that Scotland has a higher number of GPs per 100,000 of our population than anywhere else in the UK. We have 81 GPs per 100,000, excluding specialist trainees. In England, the figure is 62, in Wales it is 65, and in Northern Ireland it is 76. That underlines the fact that pressure exists across the UK in relation to recruitment and retention, which is why I am pleased that we have a record 1,200 GPs in training and why we are doing work on recruitment

and retention—I could list that work, but I am happy to write to Carol Mochan about the various measures that we are taking. It is also why I am pleased that we continue to see general practice and primary care in general having such high levels of activity: some 90 per cent of NHS activity happens in the primary care sector, which is critical to ensuring that we continue to have a strongly functioning health service.

The reform discussions that I am taking forward are focusing on how we can continue to see that investment go into primary care, continue the prevention work that primary care does to avoid further longer-term ill health, and ensure that we take a population health approach to what we are endeavouring to do.

**Emma Harper (South Scotland) (SNP):** Will the cabinet secretary provide an update on the Scottish graduate entry medicine programme for recruitment and retention? Can he assure us that becoming a GP remains an accessible and attractive career choice across Scotland?

**Neil Gray:** I am happy to underline the work that has been done through ScotGEM. We are looking to learn about how that investment is working, to ensure that GPs continue to arrive in rural communities.

GPs and practices are the foundation of community healthcare. That is true across Scotland but is particularly the case in rural and island communities. I am therefore encouraged by our recruitment pipeline. More than 1,200 GPs are now in Scotland's training system. We recently led a working group on improving retention, working with partners, and will consider further supports across the career span, allocating more than £1 million a year on GP retention initiatives that are aimed at ensuring that becoming a GP remains an accessible and attractive career choice. That includes golden hellos, the GP retainer scheme, the GP coaching programme, the early-career First5 continuing professional development scheme, and our national wellbeing hub, as well as a range of fellowships.

**Sandesh Gulhane (Glasgow) (Con):** I declare an interest as a practising NHS GP. We are not coping. GPs are struggling and primary care is on its knees. The cabinet secretary is right to say that 90 per cent of all patient contact occurs in primary care—which begs the question of why we are not adequately funding primary care. We are crying out for better funding. Does the cabinet secretary accept that the GP contract has failed to be implemented in its entirety and that it has disadvantaged rural GPs?

**Neil Gray:** I would be more than happy to have a conversation with Sandesh Gulhane—as I have done previously and as I would do with any other

colleague across the Parliament—about where we need to make improvements and where the reforms that are required for a sustainable and accessible health service can be achieved. Primary care is absolutely central to that. I would also be more than happy to hear about from where, within a financially constrained budget—not just for the health and social care portfolio but across the Government—Sandesh Gulhane would shift resource in order to have the investment that I would want to see going into primary care.

Of course, as I have said, the primary care practitioners—the GPs—I have met over recent weeks are talking about the pressures that they are under. That is driven partly by the complexity of the needs of their patients and the longer time that is needed for diagnosis and treatment. That is also why we need to take a population health approach, so that the people who present at primary care are healthier when they do so.

**The Presiding Officer:** That concludes topical questions.

## Abortion Services (Safe Access Zones) (Scotland) Bill: Stage 1

### **The Presiding Officer (Alison Johnstone):**

The next item of business is a debate on motion S6M-13015, in the name of Gillian Mackay, on the Abortion Services (Safe Access Zones) (Scotland) Bill at stage 1. I invite members who wish to speak in the debate to press their request-to-speak buttons. I will allow a moment or two for front-bench members to organise themselves.

14:38

**Gillian Mackay (Central Scotland) (Green):** I am delighted to open the stage 1 debate on the general principles of the Abortion Services (Safe Access Zones) (Scotland) Bill. I thank the Health, Social Care and Sport Committee for its scrutiny of the bill over the past few months.

I am also grateful to everyone who gave evidence. I know from recent experience that appearing before a committee can be daunting, so I appreciate everyone who did so, no matter their perspective. Given the significant issues that the bill raises, it is right that scrutiny should be robust and challenging, and the stage 1 report shows that it has been both those things. That makes me even more pleased that the committee has endorsed the bill's general principles.

I also thank all the campaigners, including Back Off Scotland, Abortion Rights Scotland, individuals and clinicians for their work, support and campaigning. Undoubtedly, we would not be here without them all. Many of those who have campaigned for the bill are with us in the public gallery today.

First, I will provide some general comments on the bill. It is relatively small, but its size does not reflect the depth of feeling that it has provoked or the scale of change that it will bring.

There are three reasons for that. The first is simply that abortion can be deeply polarising. I do not expect or intend to change that. Even across the Parliament, we will hold different views.

However, the bill is not about the rights or wrongs of abortion; it is about the right and ability of patients to access care without running a gauntlet of disapproval and judgment. That relates directly to the second reason for opposition. Some do not think that there is a need for safe access zones. As I recently told the Health, Social Care and Sport Committee, I whole-heartedly wish that was so, but too many have given testimony that indicates otherwise. I will share a couple of examples.

From a woman responding to my consultation, there was this harrowing account:

“When walking into the clinic, I had two large older men screaming at me, calling me names. I had no one with me and no one to defend me when I was in no fit mental state to defend myself.”

She went on to say:

“Because of their cruel words during such a horrific and vulnerable time in my life, I carried that guilt for years.”

Professor Sharon Cameron, who gave evidence to the committee, said that

“Women attending the clinics have clearly been distressed, while others have been phoning up in advance of a consultation, anxious about entering the building and worried about protesters and perhaps media”,

that

“Feedback that we got at the time was that they were feeling targeted, anxious and harassed”

and that staff

“are also anxious and concerned about patients being put off attending our services, and the situation has resulted in additional workload”.—[*Official Report, Health, Social Care and Sport Committee*, 5 March 2024; c 2, 3.]

I urge anyone who doubts the bill’s necessity to reflect on those testimonies.

Attending any unfamiliar medical procedure can be stressful. Most of us worry about whether it will hurt or whether something will go wrong. Does anyone here not think that it would be more stressful—more frightening, even—if they also had to worry that there might be people waiting outside to convince them not to go in, perhaps to call them names or to inaccurately suggest that there might be consequences of that procedure that they had not thought of, such as cancer or infertility? All that the bill does is try to prevent that for women who are seeking an abortion to ensure that they have the same dignity and privacy that they would have for every other medical procedure.

That does not mean that members should stop asking tough questions about the bill, but I ask that members take the opportunity to protect women at a time when many are already incredibly vulnerable and all are, at the very least, making an enormously personal decision that should not be subject to unwanted comment from strangers.

That leads me to the third reason for opposition. The bill raises issues about freedom of expression, religion and assembly. There are those who agree with the bill in principle but who are concerned on those grounds. I have never taken those concerns lightly, and I would never stand behind a bill that threatened those fundamental rights. However, I am confident that the bill is a proportionate means of protecting women and staff from activities that—as members have heard—can have profound consequences.

However, the chamber need not rely only on my judgment. The stage 1 report says:

“the Committee has concluded that the restrictions the Bill imposes on those human rights as set out in Articles 8, 9, 10 and 11 of the ECHR are proportionate to its aims, namely strengthening the ability of women seeking an abortion to exercise their own rights under Article 8.”

I remain willing to discuss concerns at more length with any member, but I assure the chamber that the committee did not take those questions lightly either. That is evident, given the recommendations in the report, some of which I will now turn to.

**Alex Cole-Hamilton (Edinburgh Western) (LD):** I am grateful to Gillian Mackay for giving way and I thank her for her leadership on this very important and excellent bill. Ms Mackay was kind enough to meet me about a concern that I have with a provision in the bill, which I whole-heartedly support, about the ability for future Governments to reduce the size of buffer zones without recourse to Parliament. Reflecting on the stage 1 report, I see that the committee had similar concerns. Will she address those concerns in her remarks?

**Gillian Mackay:** I will come to some of the things that Mr Cole-Hamilton and I discussed shortly.

As, I hope, the chamber will understand, much of the report’s detail is still being worked through. However, I will provide what assurance I can today.

First, I note the repeated call for a post-legislative review. As a sitting member of the Parliament, I would always expect legislation to be reviewed, which is why I followed general precedent and did not explicitly provide for that. However, I recognise the particular concerns and the difficult balancing that is required in relation to the bill, and I am content to lodge an amendment at stage 2 to provide for a review.

Similarly, I note the concerns about reduction and extension powers, and specifically the recommendation that consultation should be required in the bill. I judged that consultation would occur as standard practice and that it was unnecessary to specify it. However, again in recognition of the issues at play, I will lodge an amendment to put that matter beyond doubt.

There are other recommendations on extension and reduction, as well as on parliamentary scrutiny more generally. Those are complex and important issues, and I am keen to give them the due consideration that they deserve. I will not commit to concrete actions today while that consideration is under way, but I commit to continuing to listen to concerns from members around the chamber and to alleviating as many of them as I can. That is true for the whole report.

**Bob Doris (Glasgow Maryhill and Springburn) (SNP):** I apologise to Gillian Mackay for not being able to speak to her ahead of making this intervention. The stage 1 report was fascinating, and Ms Mackay has my good will in relation to the legislation. One of the bill's provisions states that other related services that are connected to abortion but are not abortion clinics could come within the scope of a buffer zone. The policy memorandum mentioned pharmacies possibly being one of those. There are pharmacies in every high street. My concern is that such an extension might lead to, say, a pro-life group being unable to have a stall in a high street. Could Ms Mackay provide reassurance on that? Alternatively, will she perhaps reflect on that ahead of stage 2?

**Gillian Mackay:** Absolutely. I reassure Mr Doris that the number of sites that are currently protected represents those that are designated under the Abortion Act 1967. Any other premises covered by the bill as it stands would have to be designated under that act as providing such services. That would stop what has been called mission creep. I will be happy to have a wider discussion about that with Mr Doris after stage 1.

The final point that I must address is the recommendation that the default radius of the zone around protected premises should be reduced from 200m to 150m. I will happily discuss my position with all interested members over the coming weeks and at committee at stage 2. However, I must and will resist such a change.

The stage 1 report refers to scoping work showing that 150m suffices for all but one set of premises. We identified that we needed to address premises and factors that could provide a captive audience, such as bus stops and places where people come in and out of services and sites. We needed to ensure that the zone was big enough to capture all those places.

I realise that I might have to come to an end there, Presiding Officer, but I hope to be able to cover my remaining points at the end of the debate. I will be happy to speak to any members ahead of stage 2. I commend the bill to Parliament.

I move,

That the Parliament agrees to the general principles of the Abortion Services (Safe Access Zones) (Scotland) Bill.

**The Presiding Officer:** I call Clare Haughey to speak on behalf of the Health, Social Care and Sport Committee.

14:47

**Clare Haughey (Rutherglen) (SNP):** I refer members to my entry in the register of members'

interests in that I hold a bank nurse contract with NHS Greater Glasgow and Clyde.

As convener of the Health, Social Care and Sport Committee, I am pleased to speak to our stage 1 report on the Abortion Services (Safe Access Zones) (Scotland) Bill. I thank the committee's clerks and Scottish Parliament information centre colleagues for their work on the report.

The bill aims to achieve a balance between conflicting human rights: the rights of women who access abortion services to have privacy and to feel safe and secure when doing so and those of people who wish to express their opposition to abortion outside premises where such services are provided.

With that in mind, the committee has taken a careful and considered approach to its scrutiny of the bill at stage 1. In doing so, our focus has been to determine whether the restrictions that the bill imposes on the human rights of certain individuals is proportionate to its aim, which is to protect the human rights of other individuals and to strengthen their ability to exercise those rights.

Article 8 of the European convention on human rights requires the state to ensure that an individual is protected against interference in their private life. That includes an individual's right to access or to provide abortion services. It also includes the rights of people who live in proposed safe access zones. Under article 9, everyone has the right to freedom of thought, conscience and religion. Under article 10, everyone has the right to freedom of expression. Under article 11, everyone has the right to freedom of peaceful assembly. None of those human rights is absolute; they can all be restricted to protect the rights of other people.

The committee set out to scrutinise not only the provisions of the bill but whether it is proportionate to restrict the rights of one group of people in favour of those of another.

The bill is not concerned with the legality of abortion. In this country, abortion is legal up to 24 weeks of pregnancy, and beyond that if there is a significant risk to the life of the person accessing abortion services or there is evidence of fetal abnormality. However, it would be remiss of me, in this context, not to recognise that not everyone agrees with abortion, and that is the main reason why people gather outside abortion services to express their beliefs.

During the committee's scrutiny, we heard evidence that activity by those who are opposed to abortion has increased outside clinics in Scotland in recent years. We heard about activity occurring outside a number of premises in Scotland, and we took extensive evidence both from those who have

been affected by activities outside abortion services and from those engaging in such activities. I thank everyone who assisted the committee with its scrutiny, those who responded to our call for views and those who gave evidence in person or online. In particular, I thank Back Off Scotland and the Society for the Protection of Unborn Children. Both organisations helped us to engage with individuals, both formally and informally, in order to hear their personal experiences.

Some people chose to speak to us in private and others spoke publicly on the record. In weighing up the evidence that we heard, the committee concluded that the restrictions that the bill places on human rights

“are proportionate to its aims”,

and that, as a committee, we support the general principles of the bill.

However, we are clear that we must tread very carefully in this area. For us, as a Parliament, our guiding principle must be to ensure that any restrictions on human rights should be kept to the minimum necessary to meet the bill’s policy aims. Our report highlights areas in which the committee thinks that the bill could be clarified or strengthened in that regard. One of our key recommendations is that the legislation should be

“subject to ongoing review to ensure restrictions continue to be proportionate to the legitimate aims of the Bill as circumstances change”.

We believe that provision should be made for

“regular post-legislative review to ensure”

that the bill’s implementation

“remains suitably proportionate, balanced and effective”

over time.

The bill sets out that the safe access zones should have a standard radius of 200m, and it also makes provision for the radius of individual sites to be extended to address site-specific circumstances. We have heard that a radius of 150m would be sufficient to address sites that are covered by the bill, with the exception of the Queen Elizabeth university hospital in Glasgow.

In order to align with the principle that human rights restrictions should be kept to a necessary minimum, we propose in our report that the default radius of the safe access zones in Scotland should be set at 150m. Once the bill is in force, separate provision should be made to extend the radius of the safe access zone at the Queen Elizabeth university hospital to address the specific situation at that site.

We are also of the view that processes in the bill to extend or reduce safe access zones should be subject to stronger safeguards. We believe that

“there may be justification for setting minimum and maximum requirements”

for those zones in the text of the bill. We also believe that

“decisions about reducing or increasing the size of safe access zones”

should be subject to a human rights proportionality assessment; prior consultation with service providers and other relevant stakeholders; and parliamentary scrutiny via delegated powers.

The committee agrees with the definition of “protected premises” as set out in the bill. However, we remain concerned that any future decision to widen that definition could result in the bill applying to a much larger area than is currently intended and, as a result, having a far greater impact on human rights. Again, that is an area in which care will need to be taken to ensure that the bill’s impact remains proportionate to its aims, and in which Parliament will have an on-going role to play in carefully scrutinising future decision making.

The committee spent a considerable amount of time exploring potential scenarios arising from the bill’s implementation; what would or would not constitute an offence; and how potential offences could be managed. Key areas of focus included silent prayer, displaying religious iconography and what takes place in private premises, people’s homes and religious institutions that are located in a safe access zone.

On the issue of silent prayer, as the report makes clear, there were different views among those on the committee. Some members felt that the bill should include a specific exemption for silent prayer; other members believed that including such an exemption would fundamentally undermine the bill’s purposes. We concluded that silent prayer is a matter that will need to be debated further should the bill progress to stage 2.

**John Mason (Glasgow Shettleston) (SNP):** Does the member think that the police will be able to put such an exemption into practice with regard to what is silent prayer and what is somebody simply reflecting by themselves?

**Clare Haughey:** Mr Mason’s point reflects some of the discussions that the committee had and some of the evidence that we received, regarding silent prayer, both from people who held vigils or protests outside abortion service providers and from the police. That is why the committee recommends that the issue needs to be debated further at stage 2.



Notwithstanding that difference in view on the issue of silent prayer, the committee has concluded that, for the bill to be implemented appropriately, individual cases will need to be carefully assessed on the basis of their particular circumstances. For that to happen, we recognise the critical importance of giving police officers on the ground the necessary specialist training to ensure appropriate enforcement of the offences that are created by the bill. Our report calls on the Scottish Government to commit to providing the necessary funding to deliver that training and for that to be reflected in an updated financial memorandum.

In conclusion, I look forward to hearing members' contributions to this afternoon's debate and to considering the bill further should Parliament vote to approve its general principles.

**The Deputy Presiding Officer (Liam McArthur):** I advise members that we are very tight for time this afternoon, so members will have to accommodate any interventions in their speaking time allocations.

14:55

**The Minister for Public Health and Women's Health (Jenni Minto):** It is my privilege to support the bill. I thank the committee for its consideration. The bill raises important issues and I appreciate its thorough and thoughtful scrutiny of the evidence that it heard. I also recognise the work of the Scottish Government bill team and the preparatory work that my colleague Maree Todd led.

In responding, I will do my best not to repeat the points that Gillian Mackay has made. Ms Mackay has, with her usual insight, set out why the bill matters. I therefore join her in urging those of you who doubt the necessity of the bill to listen to the women and staff who have had the courage to speak. We are here because of them, and we must not forget them.

Ms Mackay has confirmed the amendments that she will introduce at stage 2, and the Government fully supports those positions. Likewise, we share her reasons for fiercely resisting the reduction of the zone distance from 200m, and I, too, am happy to discuss that with any member who has concerns.

I am aware that some areas of the stage 1 report—for example, on finances—require a Scottish Government response. Once we have considered the report more fully, we will gladly provide that.

**Alex Cole-Hamilton:** On the same topic that I raised with Gillian Mackay, which was the potential reduction of the size of the buffer zones, does the minister recognise that those provisions are not in

law in England or Northern Ireland, where buffer zones have already been brought in? They are functioning without them, so perhaps we can, too.

**Jenni Minto:** I recognise what Mr Cole-Hamilton says, and I am happy to have further discussions with him on that.

Today, because it is a source of particular concern for some people, I will focus on silent prayer. I appreciate the considered discussions that I have had with members on the topic. I know that it is a difficult and complex subject. I am also aware that prayer is, for many, an act of profound significance. The bill does not, either by intent or in effect, undermine this Government's respect for that or the right of anyone, whatever their faith, to hold whatever belief they choose.

The bill criminalises behaviour—I am paraphrasing here—that is intended to influence a decision to access or provide services, impede access to services or cause alarm, harassment or distress to someone accessing or providing services, or is reckless as to whether it does those things. The bill does not criminalise silent prayer. The offences have been defined in that way to avoid unintentionally creating loopholes.

However, two points have been made on that that relate to silent prayer, the first of which is that activities such as displaying placards or carrying out silent prayer are not harmful. I recognise that that belief is sincerely held, but I must point out that the sincerity of that belief does not change the impact—and members have already heard from Ms Mackay what that impact is. Indeed, the Supreme Court acknowledged that impact in its ruling on the Northern Ireland legislation. It is therefore right and necessary that such activities can be caught if circumstances require.

Secondly, it has been said that, by allowing prayer to be potentially caught at all, we are criminalising thought.

**Sandesh Gulhane (Glasgow) (Con):** How will we police that?

**Jenni Minto:** If Mr Gulhane will allow me, I am just coming on to that in my speech.

I can whole-heartedly say that that is not the case, because, again, only the impact matters. If someone prays silently on their way to the hospital or, indeed, takes a few minutes to stand quietly outside, it is very unlikely that anyone would know that they are praying. Let me be clear: it is not the prayer that gives rise to the offence; it is the facts and circumstances surrounding the whole conduct that do.

As the Supreme Court recognised, "Silent but reproachful observance of persons accessing" an abortion clinic

“may be as effective, as a means of deterring them from”

getting an abortion

“as more boisterous demonstrations.”

Again, it is not the prayer itself but the sense of judgment that can be harmful. I repeat: prayer in itself is not an offence.

Crucially, determining whether behaviour is an offence will always be for Police Scotland and the Crown Office and Procurator Fiscal Service. Those organisations already make such assessments—for example, the threatening or abusive behaviour and stalking offences under the Criminal Justice and Licensing (Scotland) Act 2010 and the domestic abuse offence under the Domestic Abuse (Scotland) Act 2018 all require judgment on the effects of behaviour.

Finally, as drafted, the bill only creates safe access zones of 200m around 30 premises. Everywhere else, those who oppose abortion, on whatever grounds, can make that opposition known in whatever lawful manner they choose. That does not mean that the offences and that particular issue should not be scrutinised. I am genuinely grateful for the robust challenge that we have received. However, I am confident that the bill as drafted is the best way to provide the protection that women and staff need, and I am equally confident in the experience of our enforcement agencies to implement it proportionately.

Ms Mackay highlighted the subject matter as one reason why the bill is contentious, and noted that some of us in the chamber will continue to hold radically different views on abortion. Truly, we can always rely on there being radically different views across the chamber on a range of subjects. However, the bill is testament to the potential for even this divided chamber to find common cause.

I am extremely proud of the arrangement that has brought the bill to fruition. It speaks to the strength of the Parliament that a member can drive such a process, and it speaks to the power of collaboration that the Government and a member can work as one even on such a complex issue. More than that, it shows how we can unite across all party lines when we are motivated by a greater good—in this case, to protect and defend the dignity and privacy of women accessing vital healthcare and those who provide it. That unity of purpose has been clear since Ms Mackay held her first debate on the issue in 2021. Contributions from Carol Mochan, Alex Cole-Hamilton, Meghan Gallacher and others highlighted the need for action, as have meetings that I have held with Opposition members. Today, we have the opportunity to take that action.

In my first speech in the Parliament, I quoted Edwin Morgan’s poem “Open the Doors”. In my view, these words talk to the bill:

“We give you our deepest dearest wish to govern well, don’t say we have no mandate to be so bold.”

15:03

**Meghan Gallacher (Central Scotland) (Con):** I welcome the opportunity to open the debate on behalf of the Scottish Conservatives.

For the past few weeks, my inbox has been full of letters from constituents who have written to me—it will, of course, be the same for MSP colleagues—about their views on Gillian Mackay’s abortion clinic buffer zone bill. There have, of course, been opposing views, but it is important that everyone has the right to put their argument to their MSPs, who are elected to the Parliament. Such debates are never easy. They are emotive, they can be polarising, and they can easily diverge into debates about social conscience issues. However, I do not see that in this debate about abortion today, and I am pleased that that has been reflected across the chamber so far.

People have strong views on whether they support abortion, and everyone is, of course, entitled to their view. However, in my opinion, the bill is simply about women and creating safe access to healthcare where they do not feel intimidated or harassed. That is a reasonable ask, so I commend Gillian Mackay’s work in bringing forward a bill that aims to protect and support women.

We are not the first Parliament to look at such legislation. The United Kingdom Parliament voted in favour of establishing buffer zones in England and Wales that create perimeters within which certain activities cannot take place.

The Scottish Conservatives will support the general principles of the bill. However, I want to outline some concerns that were identified through the committee stage that still need work, should the bill move on to stage 2.

The harrowing accounts shared by women at the Health, Social Care and Sport Committee are a stark reminder that women fight every day for their rights to be upheld. Therefore, it is incumbent on MSPs to bring forward meaningful legislation that sets out clear aims and objectives, because, regardless of whether the principles are right, if the bill is unworkable it will not provide the protections that it aims to provide.

Gillian Mackay covered a number of the concerns that were raised in committee in her opening speech. One of the first concerns that I was going to raise was about the perimeters surrounding the buildings in question. However, I

understand that she has addressed that element. Therefore, I will move on to other concerns, because policing, I think, will be more problematic in relation to the bill.

There is a long-standing argument in this country—one that I whole-heartedly support—that surrounds the rights of freedom of expression and religion. We have already mentioned silent prayers and where it is appropriate to perform them: whether that can be done at home or anywhere. The question that I still have, which will take a lot more exploration in order to come to a conclusion, is whether silent prayers need to happen outside a clinic, or whether people can gather in another location that would allow them to express themselves while giving women the ability to access healthcare. I fundamentally agree that religious freedom is a protected characteristic, but I am not entirely sure how we work around that in the bill that has been introduced.

Then there is the enforcement argument. More consideration is needed around how intimidation is defined to ensure that the bill is clear in its objectives. The largest stumbling block in the bill relates to how the law will be enforced. How will it be enforced equally? Will it be down to individual determination by officers? When will people know that they might be breaking the law? What happens if, as has already been raised, someone is expressing themselves in a home that is included in a marked zone? It will be incredibly difficult for police officers to determine breaches of the proposed bill, but that is something that we can tease out at stage 2 and stage 3, should the bill progress to those stages.

Returning to the argument on silent prayers, should that be an exemption or is it seen as intimidating? It is different from examples that we have heard that involved clear intimidation, where leaflets have been handed out and words have been exchanged. I would view that as intimidation, and it would be traumatic for clinicians, women and everyone who is accessing the clinic for whatever purpose. We need to remember that not everyone who is accessing the clinics is doing so for abortion services.

**Elena Whitham (Carrick, Cumnock and Doon Valley) (SNP):** Does Meghan Gallacher agree that women have been silently judged for hundreds of years in going about their daily life? The bill will seek to address that in terms of how women feel when they are running the gauntlet of individuals whose intention it is, through silent prayer, to intimidate and harass. That will be the crux of the argument that she is bringing.

**Meghan Gallacher:** Good points are raised by Elena Whitham. For me, it is about ensuring that women have safe access to those clinics. That is the fundamental principle of the bill, and that is

certainly why I back it, because I believe that that should be the case.

However, as has already been highlighted by others, the human rights element is important. We have to tread carefully in how we move forward to ensure that we have a balance and that it does not tip. If we tip the balance, that can create more animosity and more of a problem than that which the bill is trying to solve. I think that the intention of the bill is right, but we need to think about how we move forward to ensure that all the issues that have been highlighted thus far are teased out.

I know that I am against the clock, so I will conclude on that point. I thank Gillian Mackay for introducing the bill. I look forward to considering the bill at stage 2 and stage 3, and I will certainly vote for the bill at decision time today.

15:09

**Carol Mochan (South Scotland) (Lab):** In opening the debate for Scottish Labour, I thank the Health, Social Care and Sport Committee for producing its stage 1 report, the clerks for assisting the committee in its work and all of those who gave evidence on the matter. I also thank Gillian Mackay for introducing the legislation and for working across parties to achieve its aims.

On a personal level, I have been supportive of the introduction of safe access zones to protect women who are accessing abortion services. It has long been my view and that of my party that Scotland ought to be leaders in this area. However, the Government has been slow to act, which means that Scotland has to catch up with other parts of the UK. That situation could have been avoided. The various summits and conversations that the former First Minister led did not lead to any sort of prompt action, as we predicted would be the case at the time. Having said that, I make it absolutely clear that Scottish Labour supports the member's proposed legislation. It is right that we take all steps that are necessary to protect women accessing abortion services, and I believe that the introduction of safe access zones will achieve that.

The truth is, as we have heard, that access to abortion clinics is access to healthcare, and we cannot continue to condone the intimidation that women face when accessing healthcare to which they are rightfully entitled. All members understand that visiting a healthcare setting can be worrying and stressful for a variety of reasons. Women accessing sexual health services, specifically abortion services, could be going through an extremely challenging, emotionally traumatic and physically draining time in their lives. We heard about that in our evidence taking, and we heard about feelings of stress resulting

from the presence of intimidating behaviours. Women need to have safe access to the services and advice that they require, and the bill will work to achieve that.

I turn to the stage 1 report and the response to the committee from the member in charge of the bill. Scottish Labour supports the committee's view that restrictions must be proportionate to the legitimate aims of the bill. We are of the view that any restrictions on human rights that are imposed by legislation must be kept to an absolute minimum, and we are content that the bill achieves that aim.

We could debate many areas, but, of course, we have time restrictions, so I will focus on three key areas that I consider to be important to get right as we go through the next stages of the bill.

I agree that robust post-legislative scrutiny will be absolutely required to obtain an understanding of how the legislation is working, and I agree with the committee's recommendation on that. I am pleased that the member in charge of the bill has accepted the committee's view, and that she will seek to lodge amendments to resolve the issue. The member will work on a cross-party basis, so I believe that those amendments will deliver the reassurance that the committee has sought.

On a similar point, Scottish Labour is of the view that a commonsense approach to implementation is absolutely required. That will require individual cases to be considered in relation to their own set of circumstances. The report states that

"operational management of enforcement of the legislation will have a critical role to play in ensuring its appropriate implementation."

I consider that to be a key point, and I would be interested to hear from the minister on the Government's view on ensuring that implementation is as successful as possible.

It is important that the bill protects the rights to engage in trade union activity in relation to the advancement of workers' rights. The right of workers in our health service to protest and call for better pay and terms and conditions, for example, must not be undermined indirectly by any legislation. The committee's recommendation to expand the exemption relating to trade union activity to allay trade unions' concerns that such activity may be considered as an offence is important, and I hope that the member will continue to engage with the trade unions—specifically our health trade unions—to identify what work might need to be carried out to allay any further fears on that matter.

Finally, the issue of silent prayer came up on various occasions when the committee took evidence. As noted in the committee's report, members held different views on that. On a

personal level, I am reassured by the clarity that Gillian Mackay provided in her letter to the committee, and I know that she will work with others to ensure that we get this right, as she has been very helpful in our discussions.

Once again, I reiterate Scottish Labour's support for the bill at stage 1, and I commit my party to working with Gillian Mackay to improve the bill in many of the areas that members have spoken about so far and, I am sure, will speak about, to ensure that the bill enters its next stages with as much cross-party support as possible. The bill is clearly required to protect women's access to abortion services.

15:15

**Ross Greer (West Scotland) (Green):** On behalf of the Green Party group, I congratulate our colleague and friend Gillian Mackay on introducing the bill to the Parliament, and I congratulate all the campaigners and health professionals who have fought for so long for this moment.

I also thank colleagues on the Health, Social Care and Sport Committee for allowing me to participate in stage 1 proceedings, even though I missed the Finance and Public Administration Committee's field trip to a quarry in order to do so.

Another person whom I want to thank on behalf of the Scottish Greens is our former Northern Ireland Green colleague Clare Bailey, who passed the UK's first legislation on safe access zones. So much of what is now being achieved in Scotland, England and Wales is because of her work in Northern Ireland.

Every Scottish Green MSP will, of course, vote for our colleague Gillian Mackay's bill today. Access to healthcare is a fundamental right. However, at this point in time, a woman's right to access reproductive healthcare in Scotland is being compromised by anti-abortion protests. Anyone is free to hold an anti-abortion point of view—freedom of thought is absolute—but our right to manifest our views is not absolute and, in this case, does not trump a woman's right to access healthcare.

The bill poses a question of how we balance rights. Ultimately, it will place a small restriction on the right to protest and religious expression in order to allow others to fully exercise their right to healthcare. I sincerely believe that it is a small restriction, because the bill will not ban protest—it will purely ban proximity when protesting.

Restrictions based on proximity already exist. Someone cannot protest abortion in the waiting room of a hospital or inside the building at all. We are not having that argument. The bill is about the extent to which we set limits on proximity, because

the limits that currently exist are clearly not sufficient. That does not mean that we should create such restrictions lightly. Any restriction on rights should be carefully considered and should go only as far as is necessary to achieve balance.

The reason why I believe that the restriction in the bill is small is that I do not believe that proximity is essential for those who want to express anti-abortion views. I posed that argument to witnesses who engaged in or supported what they described as anti-abortion or pro-life vigils. Prayer can absolutely be a form of protest. I say that as someone whose faith is deeply important to me. However, for the purpose of this argument, I will accept their premise that they are engaging in prayer, not protest, because I want to talk about the Christian theological dimension.

Not all of the people at such vigils are Christians, but the vast majority are, as are those who gave evidence to us, and it is important to understand the motivation of those engaging in behaviour that we are seeking to prevent or displace. Bishop Keenan, from the Catholic church, explained the importance of prayer to Christians—I agree—but his evidence and that of others strayed between prayer and preaching, which engage different rights and different questions of faith.

Christians are called to spread what we consider to be the good news, but we are explicitly not called to pray performatively in public. Jesus is really specific about that. Just before introducing the Lord's prayer, he said:

"And when you pray, do not be like the hypocrites, for they love to pray standing in the synagogues and on the street corners to be seen by others. Truly I tell you, they have received their reward in full. But when you pray, go into your room, close the door and pray to your Father, who is unseen. Then your Father, who sees what is done in secret, will reward you."

That is in Matthew, chapter 6, for anybody who wants to do a bit of further reading. Last week, the Presiding Officer was presented with a lovely new parliamentary Bible, which, I am sure, she would lend to other members.

When Jesus said that those who pray for others to see them have already received their reward in full, he was making the point that such prayer is directed towards those around them, not towards God. The reward is the attention of other people, and he condemns that.

The point about whom prayer is directed towards is a critical legal question. Praying to God, either individually or as a group, does not require proximity to what or whom is being prayed for. I am not saying that proximity is never important and has no value, but, in this case, proximity is clearly intended to influence the outcome—in other words, to persuade or intimidate women into

not having an abortion. At that point, you are clearly impacting someone else's ability to exercise their rights. Your rights, therefore, need to be balanced against theirs. Quite obviously, you cannot access abortion services somewhere other than at an abortion service provider, but you can pray, protest and preach elsewhere, including just up the road.

Restrictions on rights, even to achieve balance with other rights, are significant enough to usually warrant on-going scrutiny. The Health, Social Care and Sport Committee recommended amending the bill to include provisions for post-legislative scrutiny, and I welcome Gillian Mackay's commitment to lodge such amendments at stage 2.

Despite the Abortion Act 1967 having come into force across the UK almost 60 years ago, this is still a deeply politicised area of healthcare. The organisations that put together anti-abortion protests in Scotland have been repeatedly found to spread dangerously false claims, including that abortion increases the chance of getting breast cancer, which is utterly false. Those organisations say that both sides of the debate must be heard. Clearly, there are two well-understood sides of the moral argument, but the provision of health advice is for healthcare professionals. It is not a space for political debate—that can and does take place elsewhere.

The bill is an opportunity for Parliament to listen to women who have sought abortion and have been profoundly affected by protests, and to the other patients, service users, families, relatives, chaplains, hospital staff and others who have also been affected. As Gillian Mackay and others have said, we are not debating abortion today. I recognise that some deeply disagree, but public opinion and that of Parliament are settled on the issue. The Abortion Act 1967 has been in place for almost 60 years, and support for women's bodily autonomy has only increased since then. However, a small number of those who oppose that are actively attempting to compromise women's ability to exercise a hard-fought-for right. Those are creeping attempts to bring the tactics of American culture wars to Scotland.

Today, we have the opportunity to reject those attempts, to protect women who are seeking abortion and to agree to the principle that Scotland should set up safe access zones around our abortion clinics.

15:21

**Alex Cole-Hamilton (Edinburgh Western) (LD):** I congratulate Ms Mackay on her leadership on the subject—as I did in my intervention. I also thank action groups such as Back Off Scotland

and other stakeholders, and I thank the Health, Social Care and Sport Committee for its scrutiny.

When I was first elected to this place, in 2016, within 18 months I had asked the first questions about safe access zones and had raised a number of questions and written several articles on the issue. However, it took the election of Ms Mackay to this chamber in 2021 for us to move the matter on to a statutory footing, which is where we are today. I am so glad that we are here today, and Ms Mackay should be profoundly proud of herself.

The issue is an emotive one that is often divisive, but it demands of us that we not shy away from the reality that is faced by those seeking access to safe and legal abortion services in this country. It boils down to this: nobody should be forced to cross a picket line to access intimate medical care. Scottish Liberal Democrats, among others, have been guardians of freedom of expression within the bounds of the law, but we are entirely clear that the bill is compatible with that tradition, so we are pleased to support it today.

The British Pregnancy Advisory Service has said that 70 per cent of women in Scotland live in a health board area where protests have taken place and that, in 2019, more than 100,000 women were targeted outside clinics across the UK. I am not suggesting that all those protests outside clinics were harassment or that the protesters are guilty of harassment—I have no doubt that many people protest peacefully. However, women who are attempting to discreetly access this health service have reported being bombarded by questions and subjected to placards that show graphic and disturbing images and lists of misleading information about the impact on their health, much of which we have just heard about. Some protesters have even used tripod-mounted cameras to threaten and intimidate. One woman told Back Off Scotland that, when she spoke to protesters outside a clinic, she was accused of murdering her baby.

One of the defining features of Liberal Democrats is our passionate defence of civil liberties. Freedom of speech and the right to protest must always be protected, but that does not mean that anything goes—it never has. Where people express themselves has always mattered, and we have always restricted that expression where it might breach the peace in some way. All that the bill seeks to do is to ensure that anyone who is accessing medical care can do so without harassment, fear or judgment. It seeks to safeguard their basic right to medical privacy.

I know that there are those who oppose the bill for fear that it will trample over the rights of religious assembly and those who say that silent prayer should be permitted or exempted from the

provisions. However, I have some faith myself, and I have spoken to several religious figures, and they have no such fears—they are okay with buffer zones. One chaplain told me last week, “God doesn’t care where you pray. He will hear you wherever you are.” So, why must that prayer occur on site, with all the attendant judgment inferred by the subject of that prayer? I think that Ross Greer answered that well in the scripture that he just quoted.

Some may argue that introducing buffer zones threatens that right to protest, but I reject that on several counts. They are not protests in the usual sense. Those picketing outside clinics are not seeking to change policy or the law or to influence decision makers; they are pressurising individual women and they are attempting to change their minds on the most personal matters of individual choice.

Choice is at the very heart of this issue. The right to choose is the fundamental precept of our attitude to reproductive rights and our policy around reproductive rights in this country. In the vast majority of cases, someone who has made their choice has not done so lightly, and they certainly do not need a nudge in the opposite direction at the very final step.

Anti-abortion protesters have the right to voice their opinion—of course they do—but that does not trump another’s right to medical privacy, and it does not include the right to harass or intimidate. It goes without saying that any discussion of a woman’s decision whether to have an abortion should be conducted in a safe and confidential environment, with the help of trained professionals who are qualified to offer the appropriate advice and support.

I note that a recent Survation poll showed that 82 per cent of Scots agree that protesters should be kept a minimum distance away from people attending healthcare facilities. I am very pleased to see that there is a broad consensus across all parties in support of that measure.

I still have concerns, as I have expressed in both my interventions, about the powers of the bill as drafted to offer ministers the ability to reduce the size of buffer zones if they so choose. I welcome the committee’s observation on that in its report. England, Wales and Northern Ireland did not hand such powers to ministers in the legislative instruments that they introduced to bring about buffer zones, so why should we? It is not necessary, and it risks undermining the bill. I am grateful to have met Gillian Mackay as well as Jenny Minto in recent months to discuss that issue. I look forward to working with them to find a way through and to ensure that the relevant section of the bill is proportionate and appropriate. We have to pass legislation for Governments

years ahead of us as they may become, not as we would wish them to be. We must ensure that any amendment to the rights that we protect in the bill is subject to the will of the Parliament by affirmative procedure, if legislation is required.

Introducing buffer zones around clinics is a reasonable and proportionate step to protect safe and discreet access to abortion services in this country. I am very proud to offer the Liberal Democrats' support to Gillian Mackay's bill.

**The Deputy Presiding Officer:** We now move to the open debate.

15:27

**Rona Mackay (Strathkelvin and Bearsden) (SNP):** This is a very important debate, and I thank Gillian Mackay for all her work, as well as her office, her bill team and the Health, Social Care and Sport Committee, for getting us to this crucial stage.

Peaceful protest is a key principle of our democracy, and I know that everyone across the chamber agrees with that. However, protests targeted at women trying to access healthcare when they are at their most vulnerable are simply unacceptable and downright sinister. Praying for the souls of unborn children is a human right, and no one is arguing against that, but if those protests or peaceful prayer are located outside the entrance to a hospital, that moves the dial massively. I believe that those so-called vigils amount to the targeted harassment and intimidation of women. I understand that the protesters do not see it as that, but that is most certainly the effect on women entering clinics.

Singing, chanting and praying outside hospitals and abortion clinics throughout Scotland, with people often carrying lurid pictures, is designed to create distress. That is not freedom of expression; it is passive aggression at its worst, designed to heap blame on women and to emotionally blackmail them into feeling guilty and ashamed. On some occasions, the protesters distribute false medical information to suit their argument, and some of them target passers-by and patients by shouting and accusing them of accessing abortion services. That is cruel, unkind and unnecessary, not only to the women who are accessing healthcare, but to the healthcare workers.

Rape Crisis Scotland has stated:

"Anti-abortion protests outside clinics have a clinical, emotional and psychological impact. The activities of anti-abortion protesters cause distress and have the potential to cause trauma to those accessing abortion services."

The tactics that are deployed involve targeting people attending the clinics,

"passing out distressing information in leaflets and pictures and displaying such messages on banners."

Those actions may cause them

"to defer their treatment or purchase illegal abortion pills online from unregulated providers."

That impact will be particularly acute for survivors of rape.

**Gillian Mackay:** Will Rona Mackay reflect on the fact that, because of how healthcare is delivered in Scotland, a whole load more services are affected by protests in Scotland than in England, Wales and Northern Ireland, because of the campus nature of our hospital sites? For example, some of the protests can be heard in the neonatal intensive care unit at the Queen Elizabeth hospital, so the impacts on healthcare as a whole are much wider.

**Rona Mackay:** I completely agree with that. The unintended consequences of the protests are off the scale.

The view reflected that of many individuals and organisations that were concerned for the welfare of vulnerable individuals who are accessing healthcare services. The Royal College of Midwives responded to the bill, saying:

"abortion services are an essential part of women's healthcare. Healthcare professionals, including our members, deserve to undertake their work without being harassed and abused."

One woman told Back Off Scotland, which has run an excellent campaign in support of buffer zones:

"I went into hospital first thing in the morning and was faced with a group of protestors holding up placards. They remained there seven hours later when I left the clinic. My privacy and safety were threatened, and it was a deeply intimidating experience."

I ask whether any of those people have any understanding of how difficult the decision to terminate a pregnancy is or the circumstances that bring someone there in the first place. Of course they do not. If protesters are seeking to change the law, why not do it outside the Scottish Parliament, where laws are made? Why not pray outside the Scottish Parliament?

The bill does not limit the ability to oppose abortion in other places. In accordance with the requirements of the European Court of Human Rights, the provisions of the bill strike a balance between the right to respect for private and family life and the rights of assembly and association, freedom of expression, freedom of thought, conscience and religion.

Seventy per cent of Scottish women of reproductive age live in a health board with hospitals or clinics that have been targeted by anti-choice groups in the past five years, and the

figure is on the increase. That is completely shocking, and that is why buffer zones around the entrance to a clinic or hospital are so absolutely necessary. Buffer zones are already in place in Canada, Australia, parts of England and the USA, so they are not a new concept.

I know that some people, including members and committee members who will speak in today's debate, have concerns about people being criminalised for praying if they are caught in a buffer zone. Personally, I am not religious, but friends who are tell me that praying is a private activity that is usually carried out at home or with fellow worshippers in a church. Ross Greer could explain that far better than I could. To deliberately choose a location to press views on women who are at their most vulnerable is surely a far from Christian act.

I am pleased that members will back the general principles of this crucial bill at decision time today. As always, concerns and details can be fixed at stages 2 and 3, and the member has shown great willingness to accommodate everyone's concerns in that regard.

Access to healthcare is a human right, so let us protect those rights for women at a time in their lives when they need support more than anything else.

15:33

**Sandesh Gulhane (Glasgow) (Con):** I draw members' attention to my entry in the register of members' interests as I am a practising national health service general practitioner.

It is important to stress the fact that we are not considering whether abortion services should be legal, nor are we proposing to change Scotland's abortion law. We are talking about women's access to healthcare. As a male doctor, I will obviously never undergo an abortion. Abortion services cater primarily to women's reproductive health needs, and I cannot overstate the importance of respecting women's autonomy and prioritising women's access to safe and confidential care. That means that we should ensure that women can receive the medical care that they require without facing barriers such as harassment outside clinics.

In terms of general principles, to protect women from intimidation and potential emotional distress caused by protesters outside these facilities, I support the principle of the buffer zones. By safeguarding access to abortion services, we are upholding women's reproductive rights and ensuring that women can make informed decisions about their healthcare without undue interference or pressure.

It is well documented why Parliament is considering the legislation—that is evident simply from hearing members' comments today. Protests can intimidate women seeking a whole range of services at such clinics, many of which provide sexual health support, HIV testing and contraception. Protests impact our NHS staff working in the centres, who are forced to pass what amounts to an accusatory picket line at the start and end of each working day.

We have heard arguments that safe access zones would impinge on the right to freedom of speech or freedom to protest. For sure, people might have personally held views, but that does not mean that they have a right in every case to deprive others of their rights. That said, I defend the right of patient groups to demonstrate peacefully outside a hospital—for example, on the closure of services or if there were patient safety issues, such as in the case of NHS Tayside's Professor Eljamel. I would also not seek to restrict the right of trade unions to protest. However, given that, during evidence at the Health, Social Care and Sport Committee, the police told us that that might happen as an unintended consequence, I seek reassurance that that is clear in the bill.

Protecting the privacy and wellbeing of women accessing abortion services is at the heart of the proposed legislation. However, I do not think that the bill is quite ready. The proposed 200m safe access zones outside 30 hospitals and clinics across Scotland should deal with the real problem of harassment and intimidation, but we need to ensure that the bill is workable and avoids unintended consequences.

Take prayer vigils. Are we asking the police to determine whether the law is breached by a bystander who might be engaged in silent prayer? Are we criminalising thought? We must be clear how we police this, given that, during evidence at the committee, the police were clear that they would not ask somebody why they were at a buffer zone, and they clearly said that they were not the thought police.

We need to consider residential and business premises and places of worship that are within 200m of a clinic. No one is penalised for displaying in their window a flag or a poster of their favourite football team or political party, even if some people find that antagonistic. So, where is the line?

I am primarily concerned with defending women's rights to safe healthcare and with protecting NHS staff. That is why I support the principles of the bill. However, as we take the bill forward, let us work together on the details so that we deliver good law.



15:37

**John Mason (Glasgow Shettleston) (SNP):** Deputy Presiding Officer, I thank you for the opportunity to speak. For once, I mean that. I realise that my views and those of the people for whom I speak today are probably in the minority—possibly a very small minority, in the Parliament—but I believe that it is important that minority views are heard at Holyrood. It gives increased credibility to the Parliament and to all our parties.

I note that the Scottish National Party has long been a party that is a big tent, or a broad church. We are united by our commitment to Scotland, but we hold a range of views on many issues, including the economy and social policy, with some members being more liberal and some being more conservative. I want that range to continue. It does not mean that one side needs to defeat the other but, instead, that we hold a healthy tension and respect one another's angles on things.

Some people have said that the bill is nothing to do with abortion itself but is purely about buffer zones or safe access zones. I disagree. The bill and the debate are very much about abortion. Others have said that I oppose abortion only on religious grounds. Again, I disagree. Fundamental to all this is the question of when life begins. Does life begin at conception, at birth, or at some point in between? That is more of a scientific or medical question than a religious one.

**Elena Whitham:** Will John Mason give way?

**John Mason:** Let me just finish this point.

I hope that it is possible to discuss the subject and bill in a calm and reasoned way, even though I accept that just discussing the subject of abortion can become very emotive and that there are strong feelings on both sides.

**Elena Whitham:** Does John Mason agree that the debate around abortion has already reached a settled position in that we have access to safe and legal abortion for all women who might choose to have that healthcare? The debate is about access, without fear of intimidation or harassment, to that healthcare by women who seek to avail themselves of such services.

**John Mason:** I will deal with some of those specific points later, but I hold to my point that what underlies the debate is the question of abortion. There might be a few people who are opposed to abortion but support the bill, but that is not my position.

If life begins at birth, or even at 24 weeks, then abortion, and the bill, are concerned purely with women's rights and healthcare—as many members have said already today—so I, as a male, should probably sit down and keep out of it.

However, if life begins at conception, we are dealing with two lives from that point on—the mother's and the baby's. If that is the case, the healthcare of both mother and baby are important. There are instances in which we recognise the importance of healthcare of babies before they are born. For example, the family nurse partnership programme talks about

“the first 1001 days of life, from early pregnancy until the child reaches the age of 2 years old”,

which suggests that we do, to an extent, recognise the importance of a baby's health before birth.

That is why I feel not only that I can speak today, but that I should speak and have a duty to do so, whether I find the experience attractive or not. I am an older man who cannot carry a baby or have an abortion, but I am elected for a range of reasons, one of which is to speak up for those who have no voice, or whose voice is not being heard. That can mean constituents who are poor or who lack education, it can mean children who need more support, or it can mean asylum seekers who speak little or no English. I believe that it also means unborn babies who certainly cannot speak for themselves, because their lives are important, too.

Some members have said that they are pro-life but will still support safe access zones because women should not be harassed or intimidated. I fully agree that women should not be harassed or intimidated, but I also say that there is very little evidence of harassment or intimidation near abortion facilities.

**Elena Whitham:** Will the member take an intervention on that point?

**John Mason:** I am afraid not; I am going to carry on.

With the number of abortions in Scotland having risen to more than 16,000 in 2022, it does not appear to be the case that people are being put off by vigils or protests. That number is set against the background of this country having an ageing population and of our society desperately needing more children and larger families.

I have twice visited a vigil—or protest, if members prefer to call it that—on the other side of a wide road outside the Queen Elizabeth university hospital in Glasgow. Those groups were made up of people who are mostly older and religious and who were quietly reading or praying. They offer support and information to women who are considering abortion. We know that, in some cases, women have not been fully informed about the options that are available to them, have not completely made up their minds, or might be being pressured by a partner or family member not to have the baby. I gather that, in recent weeks,

some women have approached the vigil group, sought more information and decided to have their babies. That seems like good news to me.

As members can hear, I am opposed to abortion on the whole, which leads to my opposition to the bill—although I accept that the bill is aimed at only one aspect of abortion. It is therefore unlikely that slightly tweaking or improving the bill will make it acceptable to me or to others.

I raise the specific issue of silent prayer, which I have mentioned and others have discussed at some length.

Another point that is not dealt with in the bill, but that I think is relevant, is the age at which abortion is allowed. It has been set at 24 weeks for quite some time, but medicine and science have moved on and babies are now surviving at 23 weeks. Our current timescale is out of line with most European countries, which have lower limits. Therefore, we surely need, either in the bill or elsewhere, to review that limit.

Members will gather that, all in all, I am not supportive of the bill. At the very least, I ask members to think about the babies in all this. The mother's healthcare is supremely important, but the baby is important, too, and someone needs to speak up for those babies, whether it is in Parliament or out in the streets.

15:43

**Monica Lennon (Central Scotland) (Lab):** It is good that we live in a democracy and in a free country, where John Mason can come to Parliament and have his say. However, I disagree with Mr Mason and others who have, like him, joined protests. It is one thing to hold those views—he absolutely has the right to oppose abortion healthcare—but, as the committee heard in evidence and as we are hearing in speeches today, it is having a real impact on women in Scotland right now. I hope that we will hear more from their voices.

I join others in thanking Gillian Mackay and her team for the hard work that has led to where we are today. Even with the support of the Scottish Government, it is really difficult to progress a member's bill to stage 1. It is a huge undertaking, so I thank her for getting us to this point.

Of course, none of it would have been possible without the award-winning and groundbreaking Back Off Scotland campaign, which was launched in 2020, before the current parliamentary session. The action is long overdue. I think that we would all agree that the best ideas often come from grass-roots campaigners and people with direct experience of injustice and inequality. The Abortion Services (Safe Access Zones) (Scotland)

Bill exists because of the courageous and tenacious young women behind Back Off Scotland. It is an honour to know them—in particular, Lucy Grieve and Alice Murray, whom I am now proud to call my friends. Alice Murray and Lily Roberts are just two of the young women who have bravely shared their stories with the public and with Parliament—stories of running the gauntlet and facing loud chants or silent judgment. It does not matter how quiet or noisy the protest is—it has the same impact on women.

In the time for which Back Off Scotland has been campaigning, those young women have got a bit older, and Lucy recently got married. In that time, the protests have become more common. There has been a real escalation and, as Rona Mackay said, the activity has become more sinister. We have seen that at the Sandyford clinic, where people tried to board up access to the clinic. We have seen people gathering in huge numbers—sometimes more than 100 people—at the Queen Elizabeth university hospital in Glasgow. I have seen it in my parliamentary region, Central Scotland, where people have gathered at University hospital Wishaw—something that had not happened before, to my knowledge.

Like others, I am grateful to the Health, Social Care and Sport Committee for all its hard work, and to those who gave evidence. Those of us who are involved in the cross-party group on women's health also heard directly from people with lived experience. As Meghan Gallacher said—we share the same region—we have had many emails from people with all shades of opinions, which are really important for us to hear. The testimony of women, their families and healthcare workers is really important. We have also heard from Dr Sandesh Gulhane, who can bring to bear his professional experience.

However, as my colleague Carol Mochan mentioned, there is also a trade union issue. I welcome the support from the Scottish Trades Union Congress and the settled position of the trade union movement in Scotland, which backs Gillian Mackay and her bill. The harassment is targeting not just those who might be accessing healthcare services, but those who deliver the services. Many of those healthcare workers might have had an abortion or experienced trauma in relation to pregnancy or pregnancy loss. That is the point: we just do not know what people have been through when they go through the clinic doors.

As Engender points out in its briefing,

“Anti-choice harassment outside abortion services in Scotland and the UK has escalated in recent years”,

and the activity is undertaken with the aim of obstructing, harassing, intimidating and stigmatising those who are accessing healthcare and those who are involved in the provision of healthcare. At the heart of the matter are the really important issues of bodily autonomy and access to sexual and reproductive rights. I am very clear that gendered harassment and intimidation are forms of violence against women and girls, and that they have to end. *[Interruption.]* Excuse me—I am struggling with a sore throat today.

I have made points about workers, about trade unions and about everyone being able to come to Parliament and have their say. In my final seconds, I want to mention Dr Greg Irwin, who has been a real ally to the campaigners. He is a paediatric radiologist who works at the Royal hospital for children in Glasgow and has often talked about the visible nature of the protests and the noise in the hospital environment—even though it is a big hospital, people can hear it. He has also talked about bullying of women in NHS hospitals today. That cannot go on.

I agree with colleagues that no bill will ever be the complete or finished article at stage 1. I welcome the on-going scrutiny of the bill and I will be happy to play my part. I urge all colleagues to back the bill at stage 1.

15:49

**Annie Wells (Glasgow) (Con):** I, too, thank Gillian Mackay and her team for all the work that has been done on the Abortion Services (Safe Access Zones) (Scotland) Bill. It is extremely difficult to get a bill to stage 1, so I say well done on that. There has been productive cross-party dialogue through the contributions that have been made on the bill.

The core intent of the legislation is to create safe access zones that would act as a buffer between women who are accessing safe and legal services at abortion clinics and anti-abortion demonstrators. The zones would exist to help to ensure that women can access the vital services that are provided at the abortion clinics without the fear or harassment that is often experienced through their interactions with anti-abortion protesters.

For context, the UK Parliament has already adopted similar legislation to create buffer zones around abortion clinics in England and Wales, through the Public Order Act 2023. I understand that, as is often the case with any issues regarding aspects of abortion, that legislation has created division and competing claims of the infringement of human rights.

Women must have the right to access healthcare uninhibited by the fear or feelings of

judgment or harassment that they often experience. In many cases, such feelings that are caused by protests outside abortion clinics prevent women from accessing those crucial services altogether at a time when they are making what is often already a very difficult decision.

I have also heard the concerns of the bill's critics, who claim that anti-abortion protesters would have their rights to freedom of religion and speech restricted if they were deemed to be acting in a certain manner within the proposed zones and would be penalised for expressing their views. However, such arguments have often been based on articles 9, 10 and 11 of the ECHR, for example, and, notably, that argument was rejected by the UK Supreme Court, which, in its unanimous ruling, stated that similar legislation in Northern Ireland was compatible with the convention rights of protesters.

That is in addition to questions about the specific size of the zones which, as we have heard, falls between 150m and 200m, depending on individual circumstances. The Health, Social Care and Sport Committee has urged that Scottish Government ministers undertake a "human rights proportionality assessment" when making a decision to increase or decrease the radius of the safe zones. Consequently, the committee further recommended that the bill be amended to outline the process that would result in any such zone being extended or reduced, and to provide that any such decisions should be made in consultation with service providers and relevant stakeholders.

Along with my Scottish Conservative colleagues, I believe that women who access abortion services should never feel that they are subject to the harassment or intimidation that anti-abortion protesters outside abortion clinics often pose. The feelings that are caused by such anti-abortion protesters can have, and often do have, the effect of discouraging women from exercising their right to access healthcare. Abortion services are no exception.

Moreover, I believe in the right to protest, and people will still be free to protest outside the zones. That is because the bill does not set out to prevent anti-abortion demonstrators from exercising their rights under articles 9, 10 or 11 outwith these specifically designated safe access zones. However, their right to protest cannot come at the expense of a woman's right to access healthcare services as she sees fit.

I will support the general principles of the bill this evening, along with my fellow Scottish Conservatives, and will work constructively on amendments to the bill. Ultimately, the bill is proportionate and strikes the right balance between guaranteeing women's access to the

legal and vital healthcare services that are provided by abortion clinics and the rights of anti-abortion protesters to express their views. I welcome further dialogue with Gillian Mackay and others from across the chamber on how we can make the bill better.

15:55

**Ruth Maguire (Cunninghame South) (SNP):**

When trying to bring about change for the purposes of campaigning and politics, I recognise that a compelling and often successful route to go down can be to divide into sides and ask, “Are you for us or against us, a hero or a villain, just, unjust, righteous or wicked?” However, as well as positively galvanising people behind what we believe to be the right side of something, that approach can on occasion stifle open, honest conversations and exchanges of views. It can leave folk with no space to change their mind and, at worst, it can hamper scrutiny.

As legislation progresses through our nation’s Parliament, curiosity about how things will work, exploration of unintended consequences and open, honest dialogue and scrutiny are crucial to allow us to do our jobs to the best of our ability. Although we are here to scrutinise safe access zones alone, I feel—as the committee convener, Clare Haughey, and Gillian Mackay did—that it is important to acknowledge that abortion is challenging to talk about; it elicits strong emotions in many of us. The decision to terminate a pregnancy is deeply personal for a woman, and it is only the business of her and whomever she decides to involve.

From the outset, I state that I agree with campaigners, Gillian Mackay and the Scottish Government that women should be able to access healthcare free from harassment, fear or intimidation. I will vote for the bill at stage 1, but I believe that further exploration of some of the issues raised in the stage 1 report is required. The debate gives us the opportunity to do that, as does the Parliament’s amending stages 2 and 3.

The committee heard from a range of people with differing experiences, views and perspectives on the bill, both in public and private session. I am grateful to them all. I acknowledge, in particular, the women with lived experience of the matters that the legislation deals with. Coming into Parliament to share personal testimony with members they had not met before was not straightforward. I admire the strength and generosity of those, both for and opposed to the bill, who did just that. I also thank the clerks and the participation team for the care and attention that they took in organising and supporting those important private sessions.

In our report, the committee recommended that the member in charge of the bill and the Scottish Government consider whether there may be justification for setting minimum and maximum requirements for the extension and reduction of safe access zones. That was to ensure a proportionate approach to the bill’s impact on human rights and to eliminate the potential risk of powers being misused by Scottish ministers. The phrase “misuse by Scottish ministers” might set hares racing and make a good headline, but I will frame it a little differently and ask colleagues on principle, as parliamentarians, how much power they wish to cede from Parliament to the executive.

The committee also recommended that the Scottish ministers undertake a “human rights proportionality assessment” before making decisions about reducing or increasing the sizes of safe access zones, and that such a requirement should be included in the bill, with some members being of the view that, when zones are moved further out of hospital grounds and into shared community space, that requires a further test of proportionality. Perhaps that touches on the points that my colleague Bob Doris made.

On the matter of silent prayer, there was a difference of views on the committee. I remain a bit unsettled about it, and I know that that is not the fashionable thing for a politician to be; I know that I should pick a position and fight ferociously. However, right now, I feel that an exemption for silent prayer may be necessary, because I want to avoid the criminalisation of private thoughts. I am concerned about the worry of those with faith who told us that they feel that they may be targeted for what they think and believe and not for their actions. That said, I also accept concerns from supporters of the bill that exempting specific behaviours may undermine the bill. As I said at the outset, I support the aim of women being protected from harassment, fear and intimidation as they access their right to safe healthcare.

I am very open to having further discussions on those matters. I hope that we can get to a place where both aspects are reconciled. If that is not possible, if and when I vote for the bill at stage 3, I will want to be clear that I have exhausted all avenues of resolution and can explain with clarity my decision to vote for legislation that, although it upholds important rights of women to access healthcare, impinges on views and thoughts that are not the same as my own but are perfectly legitimate to be held.

**The Deputy Presiding Officer:** We move to closing speeches.

16:00

**Lorna Slater (Lothian) (Green):** I welcome the Abortion Services (Safe Access Zones) (Scotland) Bill coming to the chamber for debate at stage 1. I extend my congratulations to Gillian Mackay on her championing of the bill.

I welcome the tone of the debate, as well as the level of engagement and support from members across the chamber. The bill is about the right and ability of women, and anyone who requires such services, to access the healthcare that they need, free from fear that they will be met with judgment and shaming. It is also about ensuring that they are not subjected to intimidation by individuals or groups who wield placards and signs, or by people who attempt to impose their beliefs on others. Not only does such behaviour jeopardise the wellbeing of patients who seek access to healthcare; the Royal College of General Practitioners Scotland has concerns that protests outside premises could result in patients delaying their access to services or, in some cases, not accessing them at all.

In my region, Lothian, recurring protests outside the Chalmers clinic and the Royal infirmary of Edinburgh have become a familiar sight. The testimony provided to committees and organisations such as Back Off Scotland and the British Pregnancy Advisory Service reveals a distressing reality that is marked by intimidation, anxiety and fear among people who seek essential healthcare services. Such behaviours are, unfortunately, all too common and cannot be overlooked.

So far in the debate, we have heard Carol Mochan, Alex Cole-Hamilton and Sandesh Gulhane raise concerns on the point about trade unions. I note those concerns, but I note, too, that the STUC women's committee has engaged with the bill and supports it.

The argument has been made that hateful conduct by individuals and groups can be prosecuted under the existing law. Extensive consultation has shown that abortion service users and providers continue to report experiencing harassment and distress outside healthcare facilities as a result of activity that is not addressed under the current law.

The introduction of safe access zones is not a new concept. In fact, it is a rather crucial step in ensuring the protection of individuals who seek healthcare services. Although Scotland is taking strides forward in that regard, it is essential to acknowledge that we are not alone in that endeavour. England and Wales, along with Northern Ireland, have already taken significant steps by introducing similar legislation to establish such zones. On 24 March 2022, the Northern Ireland Assembly passed the Abortion (Safe

Access Zones) (Northern Ireland) Bill. The criminal offence that that bill established is worded similarly to that in the bill that is currently before the Scottish Parliament. Before it received royal assent, the Northern Ireland bill was referred to the Supreme Court of the United Kingdom by the Attorney General for Northern Ireland. The final judgment concluded that the offence was proportionate and, therefore, compatible with the European convention on human rights. The decision also specifically recognised that staff who deliver abortion services have a right, under article 8 of the convention, to be able to attend work without harassment, intimidation or abuse. That underscores the recognition of the need to safeguard access to healthcare and to protect individuals from intimidation and harassment across these isles.

The bill's provisions are fair and targeted. They are not about denying people's right to protest; everyone is entitled to express their views, including through anti-choice protests. However, the bill focuses on creating designated areas around clinics and facilities where such protests are restricted. That is to ensure that individuals who seek healthcare—in particular, women who are making decisions about their own health—can do so without feeling threatened or intimidated.

The zones aim to safeguard individuals' safety, security, health and privacy. As someone who has access to the Chalmers healthcare centre because I live locally, I can attest that, when people choose that location for protests—outside a setting that provides healthcare, for whatever reason people might be accessing it—that can only be for the purpose of pressuring and intimidating people, adding trauma and distress on top of what is probably already a stressful day for those who are accessing healthcare.

The purpose of the bill is to foster a compassionate and respectful environment for all. Individuals are entitled to hold opposing beliefs regarding abortion, but they must recognise the importance of choosing appropriate venues for the expression of those beliefs. The bill ensures that protests should occur in more suitable locations, such as outside the Scottish Parliament, where the decisions on these laws are actually made, rather than at healthcare facilities where patients have a right to expect to access healthcare without judgment or intimidation.

I welcome the Health, Social Care and Sport Committee's stage 1 report. Throughout its scrutiny, the committee has carefully considered the views of a broad cross-section of stakeholders both for and against the bill. In the process of reaching a view on the general principles, it has explored a range of scenarios that may arise if the

legislation were to be enacted. It has concluded that the bill's "provisions are proportionate" and

"recommends that the general principles of the Bill be agreed to."

I urge my parliamentary colleagues to do the same.

**The Deputy Presiding Officer (Annabelle Ewing):** I call Carol Mochan to close the debate on behalf of Scottish Labour. You have up to six minutes.

16:06

**Carol Mochan:** Thank you, Presiding Officer—I was fortunate enough to open the debate as well, so I will not take up too much of everyone's time in closing.

In closing on behalf of Scottish Labour, I feel that it is important to thank members on all sides of the chamber for the debate. I know that the public will hear today that the Parliament wants to get this legislation right. In the chamber today, we have heard time and again how important it is that we uphold everyone's human rights. That is the case, but those rights are not absolute, and the rights of women to receive healthcare are really important to us in the Scottish Parliament. The question is whether the bill balances those rights correctly. Monica Lennon and Rona Mackay reminded us of the reality for women who are accessing care, which is that, at times, they can find that views are expressed in a way that they find harassing.

It is clear that the Parliament has a responsibility to take action to make sure that women can access that healthcare. Scottish Labour members, like other members, acknowledge that people have differing views on the issue. That is why—as other members have said—it is so important that we have the opportunity to take evidence and scrutinise it, and to debate the issues in the chamber.

We appreciate the way in which all witnesses, in both the public and private sessions, gave us their views in a courteous way, no matter their position on the bill. Ruth Maguire mentioned that in her contribution. It is not easy, particularly if someone is coming to speak against the principles of the bill, but all of that was done in an extremely courteous way. As the committee convener, Clare Haughey, said, weighing up human rights should not be taken lightly, and the committee believes that scrutiny is so important. I hope that the stage 1 report reflects that the committee scrutinised the legislation, and the debate today shows how seriously we, in this place, are taking this particular bill.

As the minister said, we are coming together to find common cause on a very complex issue, and I appreciate members' discussions today. As many members have stated, legislating in this area has to be done in a proportionate way to ensure freedom of expression and rights, including rights to access healthcare. Monica Lennon helpfully reminded us that it is not easy to complete the stage 1 process for bills such as this. In fact, that is why we have the other stages—so that we can all work together. As the member in charge of the bill said in her contribution, and as I am sure she will reiterate, if we work together, we can look at the issues that were raised by members.

Bob Doris spoke about protected premises and how to ensure that we future proof the relevant provisions and get them right, as some people have indicated that there might be changes in the future. In Alex Cole-Hamilton's speech and interventions, he discussed the restriction, extension or reduction of the zones. How much power should we place in the hands of the Executive and how much should come back to the Parliament? We can discuss all those things at the next stage.

Meghan Gallacher and others spoke about enforcement and how we ensure that that is done absolutely appropriately and that our police force has the support that it needs.

I spoke about the fact that it is important to ensure that people have the right to undertake legitimate trade union activity in hospital grounds.

We discussed the issue of silent prayer, which was raised and, rightly, scrutinised at committee. We need to consider how we ensure that the bill is correct.

In closing, I say that Scottish Labour supports the general principles of the bill and we will vote as such at decision time. We welcome the good will from members across the chamber and, in particular, from Gillian Mackay. Again, I thank the committee, the clerks and the witnesses. We look forward to robust cross-party working through the next stages of the bill.

16:11

**Tess White (North East Scotland) (Con):** The Abortion Services (Safe Access Zones) (Scotland) Bill achieved cross-party consensus in the Health, Social Care and Sport Committee. I thank the committee's convener and clerks, as well as the Scottish Parliament information centre, for their sensitive and careful handling of the bill as members heard evidence on its provisions. I also thank the stakeholders and witnesses who contributed to the committee's scrutiny of the bill at stage 1.

Women must not be harassed or intimidated for exercising their legal right to freely access abortion services, nor for accessing other reproductive health services that are delivered on the same premises. The same goes for NHS staff, who must not be targeted simply for doing their jobs and providing women with the care that they need. As we have heard in the debate, the UK Parliament voted in favour of the Public Order Act 2023, which establishes buffer zones of 150m in England and Wales.

As my colleagues Meghan Gallacher, Dr Sandesh Gulhane and Annie Wells have confirmed, the Scottish Conservatives will support the general principles of Gillian Mackay's abortion buffer zone bill at decision time. In doing so, however, we recognise that this is a difficult and complex topic. We also recognise that parliamentarians are increasingly making decisions about the balance of rights—in this case, the right to access healthcare and the right to protest.

As we have heard in the debate, those are not easy decisions. Against the background of the Hate Crime and Public Order (Scotland) Act 2021, some members are understandably concerned about the precedent that the bill could set in relation to protest. Perhaps that should give the Scottish National Party pause to reflect on its policy agenda to date. However, the Law Society of Scotland does not believe that the bill is a slippery slope to curtailing the right to protest in different circumstances. The legislation is narrowly drawn, and the committee was reassured that any similar prohibition would require separate primary legislation and parliamentary scrutiny.

As a staunch advocate of free speech, I also recognise the rights of women who face an often challenging, personal and extremely private decision. They have a right to access reproductive healthcare unimpeded by protests, however peaceful those protests may be. They also have a right to privacy. Those rights should not be overlooked or ignored.

As Meghan Gallacher highlighted, it is a very sad fact that women fight every single day for their rights to be upheld.

**The Deputy Presiding Officer:** I believe that Ms Lennon is seeking an intervention.

**Monica Lennon:** Apologies. The technology does not appear to be working.

I am enjoying Tess White's speech. She is also an active member of the women's health cross-party group. Does Tess White agree that, although it has taken quite a long time to get to this point, we have the benefit of being able to look at the legal situation in Northern Ireland? We had the Supreme Court ruling and, obviously, there is

legislation in other parts of the UK. Is it helpful to colleagues in the Scottish Parliament when we are trying to get the bill to the next stage that we are not the first to do this?

**Tess White:** We know that the SNP Government has form for legislating outwith the Scottish Parliament's competence. *[Interruption.]* Members should just look at the Gender Recognition Reform (Scotland) Bill. However, as Monica Lennon highlighted, the Supreme Court judgment in Northern Ireland demonstrates that the approach has already been tested. As we have heard, Scotland is the last part of the UK to implement buffer zones, so it is right that these measures progress with close scrutiny. I heard groans from across the chamber, but that is a fact.

We welcome the committee's recommendation that post-legislative scrutiny will be key to the continued operation of the legislation once it completes its parliamentary passage. It is important that a review should be built into the bill.

To ensure robust and proportionate law, two further areas of the bill will require consideration, the first of which is the size of the buffer zone. At 200m, it is 50m bigger than the English equivalent. I welcome the minister's commitment to reflect on whether that is proportionate.

The second area, as Sandesh Gulhane and Ruth Maguire highlighted, is the bill's impact on silent prayer. Committee members discussed that at length. The key points include the human rights implications of policing silent prayer and the feasibility of enforcement. The stage 1 report reflects the differences of opinion that emerged on that issue, and we will certainly need to return to that at stage 2.

In closing—

**Alex Cole-Hamilton:** Will the member take an intervention?

**The Deputy Presiding Officer:** Ms White is closing.

**Tess White:** It nevertheless remains the case that women should not feel that they are being stigmatised or discouraged from accessing abortion services. Fear of judgment or intimidation should not act as a barrier to reproductive healthcare.

**The Deputy Presiding Officer:** I call Jenni Minto to close on behalf of the Scottish Government.

16:17

**Jenni Minto:** As I set out in my opening remarks, I am privileged to support the bill.

As I explained when I gave evidence to the committee, I first encountered anti-abortion activity outside clinics during a trip to Oregon in the United States in the early 2000s. Since then, that type of activity has only spread. It is my sincere hope that the bill will send a clear message that women's most personal choices are not up for public debate.

Once again, I thank the Health, Social Care and Sport Committee, under the convenership of Clare Haughey, for its thorough consideration of the bill. I also thank everyone for their contributions today. As Carol Mochan and Lorna Slater highlighted, the tone of the debate is a tribute to the Parliament.

I acknowledge John Mason's view. As Monica Lennon said, the Parliament and this country give us the privilege of being able to listen to opposing views.

I have been particularly struck by the consistently made point that everyone has a fundamental right to healthcare. The provision of health advice is for the health service. As Annie Wells noted, that can be done at a difficult time.

Rona Mackay and Tess White talked about the emotional and psychological impact on staff. That, too, has been central to the evidence that has been gathered when the bill has been debated.

It is important to recognise that the bill focuses on the needs of our healthcare infrastructure, so it is understandably different from the legislation for other parts of the country. We do not have stand-alone clinics; we have buildings that provide many different types of healthcare.

Sandesh Gulhane was absolutely right. I represent a rural constituency, and I can understand and reflect on the importance of safe and confidential care.

I appreciate Ruth Maguire's comments. I do not think that polarised views help in an open and honest discussion. I note her points on the shift of power, perhaps, between Parliament and ministers. I also note her points on silent prayer and I would be very happy to meet her to discuss the issue.

Like Monica Lennon and many others, I would like to reflect on the courage of those who came to provide evidence. A lot of thought-provoking evidence was given to the committee. I note Monica Lennon's point about loud chants or silent judgment, which is something that I have been considering. I thank Monica Lennon for the work that she has done in the cross-party group on women's health and for her contributions to cross-party meetings that I have held, which I very much appreciate.

I have listened carefully to all the points that have been made this afternoon. Although time

may not allow me to respond to every member, I will address as many as I can.

First, I turn to the call for safe access zones to be 150m in size rather than 200m, as is set out in the bill. I am not entirely sure that Tess White understood what I said. I reiterate that considerable work was undertaken between the consultation and the bill being introduced to ensure that that was the right size. We are working on that, and we will provide that information as we go on. I fear that, by reducing the zone size, we would fail to protect women and staff when they need it most. However, as I have just said, I reiterate my offer to meet members who wish to discuss that further.

One of the key things that we looked at when drafting the bill is the absolute point about balancing people's human rights. Again, we have undertaken considerable work to ensure that the bill strikes the right balance on the protection of people's fundamental rights. We believe that the bill strikes the correct balance between the rights of patients and staff and those of individuals who participate in anti-abortion activity outside healthcare facilities that provide abortion services.

**Alex Cole-Hamilton:** The minister mentioned a number of the concerns that Tess White gave voice to. On the issue of the policing of silent prayer, does the minister recognise that the people who engage in protests or vigils outside abortion services are, by and large, law-abiding citizens and that if we, as a Parliament, send a signal to those people that silent prayer outside those facilities is no longer legal, that situation will basically police itself?

**Jenni Minto:** What we have been very clear on is that "silent prayer" is not on the face of the bill; it is the issue of intent that is addressed. Meghan Gallacher also picked up on that point. It is important to remember that the approach of Police Scotland involves the four Es—engage, explain, encourage and enforce—and in each case individual facts around the reason for an event will be considered. Each case may present different or difficult decisions, but it is not unusual for Police Scotland to make that kind of judgment.

The other area on which there has been a bit of discussion is trade union activity. The exemption in the bill is in recognition of the fact that protest activity related to workers' rights might unintentionally influence people's decisions to access abortion services or impede access to them, but that its purpose is distinct from pro and anti-abortion activity. I underline the fact that the Law Society of Scotland noted in correspondence to the committee that the bill is drafted specifically to avoid capturing union activity or any other protest activity that is not related to abortion.



I am pleased that the Health, Social Care and Sport Committee has concluded that the restrictions that the bill imposes are proportionate to its aims. Women should be able to access abortion services without unwanted influence, harassment or public judgment, and the bill can make that a reality. I urge every member to join me in bringing that reality a step closer.

**The Deputy Presiding Officer:** I call Gillian Mackay to wind up the debate.

16:25

**Gillian Mackay:** I am really pleased to close the debate. As I have noted before, there is still debate to be had on the bill. However, I was hoping for some common ground today, and I am pleased to say that that hope was not misplaced. I am grateful to all those who have offered their support today. It is debates such as this one that show the Parliament at its absolute best.

Members across the chamber have highlighted the wider impact of the activity that we are seeing outside healthcare settings. Rona Mackay reflected on the long-term impact on individuals, and Alex Cole-Hamilton, Annie Wells and Meghan Gallacher referenced the potential impact of protests on women's decisions, which could include deterring them from seeking care. I thank Ross Greer for his theological lesson, and I fully agree with his points about false information that has been handed out. The committee highlighted that issue.

That said, I also expected to be met with robust challenge, and I mean it when I say that I am not disappointed to have been proved right. Challenge is a vital part of the legislative process. It is how we make sure that bills do what we want them to and avoid doing things that we never intended. I am grateful to everyone who has participated this afternoon. We have been able to discuss important and emotive issues with respect and civility, and I can promise that I will take forward work on the bill in that same spirit.

Given that I ran out of time in my opening, I hope that members will forgive me if I run out of time to address everything that has been raised. I am more than happy to meet before stage 2 to discuss matters in detail.

I have heard calls across the chamber to exempt silent prayer from the bill. I must support what the minister said in her opening statement, and her points are important for two reasons. First, prayer in itself is not an offence. That means that it is not possible to exempt it as one without potentially undermining how sections 4 and 5 are intended to operate. Secondly, explicitly exempting silent prayer could also have the unintended consequence of exempting other

conduct that accompanied it, which could remove the operational discretion that is vital in protecting women and staff. Providing an exemption in order to allow the continuation of the presence and behaviours that we know are intimidating would undermine the bill entirely and betray the testimony that we have heard throughout the process.

I invite any member who would like to understand that in more depth to contact me. For now, I will simply note that an exemption for silent prayer was proposed as an amendment to the Westminster Public Order Bill in 2023, and it was rejected for very similar reasons. Likewise, there is no exemption in either the legislation that is now in force in Northern Ireland—the Abortion Services (Safe Access Zones) Act (Northern Ireland) 2023—or the legislation that is currently being dealt with in the Republic of Ireland. The legislation in Northern Ireland also passed the Supreme Court challenge, and proportionality had been looked at in that regard. Including an exemption would make Scotland an outlier among the UK nations and offer less protection to women and staff.

I appreciate that the issue of the reduction and extension of zones has raised concerns. There has been some suggestion that maximum and minimum zone distances should be set and that further parliamentary scrutiny should be provided. Beyond the consultation amendment that I have committed to today, I am also committed to exploring what can be done to strengthen that aspect further at stage 2. However, I must also set out that the zones have to be capable of providing needed protection for women and staff, and must remain proportionate and not criminalise conduct where that cannot be justified. That, in my view, makes setting maximum and minimum distances unwise.

None of us can know how services will be delivered in the future or how anti-abortion groups may change their behaviour. Any maximum or minimum could, at this point, therefore, be arbitrary. In that case, the zones will not provide the protection that is needed. We could, for example, set 200m as the minimum distance. In the future, 100m might be sufficient for some or all sites, or we might see behaviour that requires a larger distance. We therefore need the flexibility that the bill currently provides to ensure that we can respond to circumstances as they are in the future. That is one reason why I did not include a provision for additional oversight, even though I am, as members might imagine, an advocate for a strong and powerful Parliament. We heard in evidence that the ability to move swiftly either to extend or to reduce zones for a variety of reasons is necessary. I am, of course, happy to discuss that with members in more detail.

I will draw my remarks to a close by thanking all members again for their contributions not only today, but since I first proposed the bill. Their support and constructive criticism have been invaluable. Ross Greer thanked Clare Bailey. It would be remiss of me not to thank her, too, for blazing a trail on the issue and bringing safe access zones first to Northern Ireland.

Again, I thank all the campaigners—Abortion Rights Scotland, Back Off Scotland, BPAS and many others—who have been integral to the progress of my bill, as well as the trade unions and representative organisations that have met me continuously throughout the process.

It is difficult to quantify what the support from officials and from the current and former public health ministers, Jenni Minto and Maree Todd, has meant. They have helped to guide me through the process, and officials have put their all into the bill and have dealt with all the changes that we have made with the utmost grace, no matter how short the timescale.

I also thank the current and former First Ministers. Nicola Sturgeon backed the bill and offered me the support of the Government. At that time, Humza Yousaf was the Cabinet Secretary for Health and Social Care, and he made support for the bill an integral part of his leadership campaign and has provided me with consistent support since then.

Finally, my team and my parliamentary colleagues deserve thanks for supporting me in the phenomenal way that they always do.

As I highlighted in my opening speech, there are women who, when seeking abortion care, have felt unable to defend themselves in the face of activity that was designed to shame and frighten them. Today, everybody in the chamber has a chance to show that they are willing to work on their behalf to provide them with a defence, and I urge everyone in the chamber to take that chance.

## Victims and Prisoners Bill

**The Deputy Presiding Officer (Annabelle Ewing):** The next item of business is a debate on motion S6M-13017, in the name of Jenni Minto, on a legislative consent motion relating to the Victims and Prisoners Bill, which is United Kingdom legislation.

16:31

**The Minister for Public Health and Women's Health (Jenni Minto):** This afternoon, we are debating a motion that the Parliament should agree that the relevant UK Government amendments to the Victims and Prisoners Bill that were tabled on 17 April 2024 should be considered by the UK Parliament. The amendments provide for the setting up of an infected blood compensation body and make provision for further interim compensation payments to certain infected blood victims. The Scottish Parliament is having to consider the motion at very short notice because the UK Government was able to table its amendments in Westminster only at a very late stage.

What happened to infected blood victims is a terrible tragedy—one for which the Scottish Government has apologised, and I do so again today. I pay tribute to the families and support organisations in Scotland that I have had the privilege of meeting over the past year. The families have been resolute in their work to ensure that the plight of their loved ones is not ignored, and we should all learn from their dignity, focus and strength.

In its closing submissions to the infected blood inquiry, which was chaired by Sir Brian Langstaff, the Scottish Government confirmed that it recognises the strong case for provision of compensation for all those who were infected with hepatitis and/or HIV, as well as for bereaved relatives, as a result of infected blood or blood products from the national health service. Given that context, I support the policy intent behind the UK Government's amendments, which will enable the implementation of the inquiry's recommendations, as set out in its second interim report.

The inquiry has recommended that compensation should be provided by one UK-wide scheme to ensure consistency of approach, regardless of where in the UK an applicant lives or where they were infected. The inquiry also noted that a single scheme would allow for that scheme to be established more quickly, allow for efficient processing of applications and ensure that the scheme had appropriate and consistent legal and medical expertise.

The UK Government's amendments provide for the setting up of a new arm's-length body called the infected blood compensation authority, which will deliver the infected blood compensation scheme. The scheme will be funded by the UK Government, which is entirely appropriate, given that the victims were infected before devolution. The amendments contain provision for the arm's-length body to be legally established on royal assent, which should facilitate progress.

Much of the detail of the compensation scheme, including eligibility and payment levels, will be set out in regulations, and I know that that has caused some concern among some victims. The Paymaster General and Minister for the Cabinet Office, John Glen MP, wrote to me on the day that the amendments were tabled. In my response, I have stressed the need for the details of the compensation scheme to be set out as quickly as possible. I have also emphasised that the Scottish Government should be fully involved and consulted on its plans.

The inquiry's second interim report also recommended that further interim compensation payments of £100,000 should be made to certain relatives of infected people, following the previous £100,000 interim payments that were made to infected people or their bereaved partners. In response, the UK Government amendments make provision for payments to the estates of infected people who have sadly died, as a pragmatic method of ensuring that family members of the deceased get some compensation reasonably quickly. In my letter to the minister for the Cabinet Office, I underlined that those estate payments should be made as quickly as possible.

There is no doubt that the UK Government's last-minute lodging of amendments has left the Scottish Government in a difficult position, with very little opportunity to negotiate changes. However, given that the amendments represent a concrete step towards providing compensation to the victims of this terrible tragedy and ensuring that relatives who have received nothing or little so far receive interim compensation, I recommend that the Scottish Parliament give its consent.

Much more will need to be done to get the compensation scheme up and running and to make the further interim compensation payments. As that work progresses, I will seek continued engagement with the UK Government to ensure that the needs of the victims are put at the centre and that the scheme works for all victims in Scotland.

I move,

That the Parliament agrees that the relevant amendments to the Victims and Prisoners Bill tabled by the UK Government on 17 April 2024, relating to an infected blood compensation body and further interim compensation

payments, so far as these matters fall within the legislative competence of the Scottish Parliament or alter the executive competence of the Scottish Ministers, should be considered by the UK Parliament.

**The Deputy Presiding Officer:** I call Clare Haughey to speak on behalf of the Health, Social Care and Sport Committee.

16:36

**Clare Haughey (Rutherglen) (SNP):** My committee's scrutiny of the LCM has been curtailed due to the bill being amended to include provisions affecting devolved matters only at report stage in the House of Lords. The committee sought evidence on the amendments from stakeholders, who raised a number of serious concerns that some of the changes deviate from the recommendations of the infected blood inquiry's second interim report.

In particular, the submission from Haemophilia Scotland raised concerns that the previous requirement for the infected blood compensation authority, or IBCA, to be chaired by a judge of the High Court or the Court of Session had been removed. In addition, it was concerned that appeal hearings would no longer have the option to be conducted in person and would be before the IBCA rather than an independent appeal body, and that the amendments also appear to remove access to independent legal representation and support during an appeal. Haemophilia Scotland expressed further concern that no provision had been made for the representation of members of the community on the IBCA.

Respondents to the committee's call for evidence further argued that the IBCA should be accountable to Parliament and not to a minister or department. They suggested that there should be

"a clear, tight, and agreed timetable to get to the point of operational delivery of the scheme."

On that basis, they were concerned that the amendments remove a three-month timescale from the bill.

Respondents highlight a lack of detail relating to compensation payments, specifically with regard to the circumstances in which payments would be held in trust and the possibility of repayments. They argued that the chair should be responsible for all governance, management, structural and operational matters and for organisational development, and that the existing support scheme in Scotland—the Scottish infected blood support scheme, or SIBSS—should be kept separate from the compensation scheme and guaranteed for life.

Respondents make the case that support payments and compensation payments should be, in their words, "segregated legislatively" and that

hepatitis B victims should be included in the interim compensation arrangements. Finally, respondents have suggested that those who are infected and affected by contaminated blood should be involved in the establishment of the IBCA and should have input and a power of veto in relation to key appointments.

Despite those concerns, Haemophilia Scotland noted that it was nonetheless supportive of the amendments because of a

“need to get this legislation into place so that swifter progress can be made to establish a compensation scheme for infected and affected individuals.”

Meanwhile, the Scottish Infected Blood Forum said that we need a

“balance between getting legislation into place so that swifter progress can be made to establish a compensation scheme for infected and affected individuals, and moving ‘at pace’ and then getting it wrong with little possibility of retrospective changes being enacted once views and actions have been solidified.”

The SIBF concludes:

“We finally urge the Health Committee to look at all the specific issues and inclusions outlined above to aid the Scottish Parliament in passing the Legislative Consent Motion (LCM) for the relevant sections of the V&P Bill while opposing those which are not in the best interests of Scottish citizens or devolution.”

The committee concluded its scrutiny by recommending that the Parliament agree to the legislative consent motion. However, we also intend to write to the UK Government to further highlight stakeholder concerns.

16:40

**Sandesh Gulhane (Glasgow) (Con):** I draw members’ attention to my entry in the register of members’ interests, as a practising NHS general practitioner.

The contaminated blood products scandal has deeply scarred our four nations. More than 30,000 people in the UK were infected with HIV and hepatitis C during the 1970s and 1980s in what has been called

“the biggest treatment disaster in NHS history”.

For many people, the NHS bought blood products from suppliers whose sources, which included American prisons, often had extremely low contamination-screening standards. Much of the blood was contaminated with sexually transmitted diseases and other viruses that are commonly passed on through needle sharing.

The contaminated products were phased out by 1985, when heat-treated products were introduced. It is estimated that from the 1970s to 1991 around 3,000 people in Scotland were infected with hepatitis C through NHS blood or

blood products, and some were infected with HIV in the early 1980s. Many have since died, leaving behind devastated families. To those who lost loved ones or who continue to suffer, the Scottish Conservatives offer their deepest sympathies. We are united in offering our sincerest condolences and unwavering support to all victims.

It is beyond terrible that the NHS patients were given the contaminated blood and that wrongs were committed at all levels. We now share the responsibility for righting those wrongs. Therefore, I support the legislative consent motion for the Victims and Prisoners Bill, which paves the way for the establishment of a single UK-wide compensation scheme to ensure a consistent approach, regardless of where in the UK a victim or family lives.

Justice delayed is justice denied. It is incumbent upon us to process applications as efficiently as possible and to ensure that all those who are affected receive the support that they need and deserve.

Communication is important. We need to double down on efforts to encourage all those in our country who have not yet come forward for compensation to do so. That extends to families, even if their infected family member has since died.

As we confront this dark chapter in our recent history, we must recognise the invaluable lessons that it imparts, including on the importance of dealing with any future failures in such a manner that transparency, compassion and justice prevail.

16:43

**Paul Sweeney (Glasgow) (Lab):** The infected blood scandal is an appalling injustice, as we have heard this afternoon. Labour wants to help to ensure that justice and compensation for victims and their families are delivered urgently. Therefore, we will support the legislative consent motion.

However, the matter has required the UK Government to be dragged repeatedly to deliver justice. The LCM, tardy as it is, is another example of the UK Government failing to adhere to the will of the UK Parliament and, indeed, to that of this Parliament. A response to late amendments that were tabled by my UK parliamentary colleague, Diana Johnson, and attempts to water them down, resulted in a late timetable being tabled in the House of Lords on 17 April.

It is bewildering that the matter has continued to drag on for as long as it has, given that the UK Government has already confirmed that it fully accepts that there is a moral case for compensation, while the Chancellor of the

Exchequer has said that the matter has been going on far too long and that

“Justice delayed is justice denied”.

That is why we have a responsibility to work as fast as we can to resolve the matter.

Former Prime Minister Theresa May announced a public inquiry, chaired by Sir Brian Langstaff, back in July 2017 and the inquiry has been running since 2018. The final report is due to be published next month and an interim payment of £100,000 for victims and affected partners was announced in August 2022, based on Sir Brian Langstaff's recommendations.

I first raised the case of my constituent in March 2018, while I was a member of the United Kingdom House of Commons. I am sure that all parliamentarians have heard harrowing testimony about their constituents' experiences. Hundreds of people have been affected across Scotland and many parents carry some of the most horrific experiences with them to this day.

I represented the area in Glasgow where Ruchill hospital was. It was the main hospital in Scotland that dealt with cases of HIV and AIDS during the 1980s epidemic. Many young children died of horrific diseases in that hospital, and their parents had to watch helplessly as their children died, often from haemophilia, while the medicines and treatments that they thought would help to sustain them actually killed them in the most horrific way. We cannot underestimate the damage that that has caused, and continues to cause, across this country.

At the third reading of the Victims and Prisoners Bill on 4 December, the Government lost a vote on proposed new clause 27 in an amendment in the name of Dame Diana Johnson, which was an historic rebellion against the Government. The vote was remarkable; it was a remarkable victory for the victims in the infected blood scandal. The UK Government is now obliged to do the right thing and to take the necessary steps to urgently set up a final compensation body.

However, it is clear that the recommendations that have been outlined have not been adhered to fully. We have concerns about that. We have heard from a number of stakeholder groups that have worked hard to raise their concerns over the years. The Hepatitis C Trust, for example, has said that the announcement has

“blindsided campaigners and the infected blood community”.

It continued:

“We are concerned about the remit of this new expert panel and its purpose, and whether it may constitute yet another barrier to delivering justice ... They must urgently

clarify what the group has been set up to do, who is part of it, and how their advice will be made public.”

The Haemophilia Society said:

“This announcement, which was made without any consultation with the infected blood community, raises more questions than it answers.

We do not know which experts are on Professor Montgomery's team nor has their appointment process been publicised. We do not know the panel's remit or whether their advice will ever find its way into the public domain.”

The amendments might be necessary in order for the Government to take action on establishing a compensation body for victims of the injustice, but the Government amendments do not include a commitment to delivering concrete action when the set three-month time limit is met. That is why it is essential that, although we will approve the LCM today, the Scottish Government raises with the UK Government, at the earliest opportunity, those concerns on behalf of stakeholder groups, which the Health, Social Care and Sport Committee will also do.

16:47

**Jenni Minto:** I thank members from across the chamber for their contributions to this short but important debate. I also thank members of the Health, Social Care and Sport Committee for their contributions to the discussion on the issue this morning. I am grateful for all the useful questions and important points that have been raised today, and I welcome the committee's proposal that it will write to the UK Government to set out some of the concerns that stakeholders have raised.

I know that all of us in the chamber want to put the needs of the victims of this terrible tragedy first. As a result, I hope that we can all agree that the right thing to do now is to make concrete progress on delivering the arrangements for compensation. Those who have been infected and affected have waited for far too long to see progress being made, and many of the relatives of those who have sadly died have so far received nothing or only relatively small amounts of financial support.

As I have set out, the main parts of the UK Government amendments deliver the key recommendation of the infected blood inquiry by setting up the infected blood compensation authority. That authority, which will be legally established on royal assent after passing of the Victims and Prisoners Bill, will deliver the infected blood compensation scheme. The amendments will also ensure that people in Scotland will have access to the compensation scheme on the same basis as those elsewhere in the UK and that many bereaved families will get the opportunity to

receive interim compensation while the final scheme is being set up.

Much of the detail of the scheme will have to be set out in regulations. I know that that creates uncertainty for victims, but I will work to ensure that the regulations work for all infected and affected victims in Scotland. In response to Paul Sweeney, I note that I will raise with the Cabinet Office some of the points that members have raised today.

I ask members to support the motion that has been lodged in my name so that we can finally begin to make progress on providing compensation to all the people who were affected so badly by the terrible tragedy that took place.

## Scottish Pubs Code Adjudicator

16:50

**The Presiding Officer (Alison Johnstone):** The next item of business is consideration of motion S6M-13016, in the name of Richard Lochhead, on the appointment of the Scottish pubs code adjudicator.

*Motion moved,*

That the Parliament agrees that Sarah Havlin be appointed as the Scottish Pubs Code Adjudicator in line with part 5, paragraph 20 of schedule 2 of the Tied Pubs (Scotland) Act 2021, and for a period of three years.—  
[Richard Lochhead]

**The Presiding Officer:** The question on the motion will be put at decision time.

## Motion without Notice

16:50

**The Presiding Officer (Alison Johnstone):** I am minded to accept a motion without notice, under rule 11.2.4 of standing orders, that decision time be brought forward to now. I invite the Minister for Parliamentary Business to move such a motion.

*Motion moved,*

That, under Rule 11.2.4, Decision Time be brought forward to 4.51 pm.—[George Adam]

*Motion agreed to.*

## Decision Time

16:51

**The Presiding Officer (Alison Johnstone):** The first question is, that motion S6M-13015, in the name of Gillian Mackay, on the Abortion Services (Safe Access Zones) (Scotland) Bill at stage 1, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division. There will be a short suspension to allow members to access the digital voting system.

16:51

*Meeting suspended.*

16:53

*On resuming—*

**The Presiding Officer:** We move to the vote on motion S6M-13015, in the name of Gillian Mackay. Members should cast their votes now.

The vote is closed.

**Katy Clark (West Scotland) (Lab):** On a point of order, Presiding Officer. There was a problem with the app, but I believe that I voted yes.

**The Presiding Officer:** I can confirm that your vote has been recorded, Ms Clark.

### For

Adam, George (Paisley) (SNP)  
 Adam, Karen (Banffshire and Buchan Coast) (SNP)  
 Adamson, Clare (Motherwell and Wishaw) (SNP)  
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Baillie, Jackie (Dumbarton) (Lab)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Bibby, Neil (West Scotland) (Lab)  
 Boyack, Sarah (Lothian) (Lab)  
 Briggs, Miles (Lothian) (Con)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Brown, Siobhian (Ayr) (SNP)  
 Burgess, Ariane (Highlands and Islands) (Green)  
 Burnett, Alexander (Aberdeenshire West) (Con)  
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)  
 Carlaw, Jackson (Eastwood) (Con)  
 Carson, Finlay (Galloway and West Dumfries) (Con)  
 Chapman, Maggie (North East Scotland) (Green)  
 Choudhury, Foyso (Lothian) (Lab)  
 Clark, Katy (West Scotland) (Lab)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 Constance, Angela (Almond Valley) (SNP)  
 Dey, Graeme (Angus South) (SNP)  
 Don, Natalie (Renfrewshire North and West) (SNP)  
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)  
 Dornan, James (Glasgow Cathcart) (SNP)  
 Dowey, Sharon (South Scotland) (Con)  
 Dunbar, Jackie (Aberdeen Donside) (SNP)  
 Duncan-Glancy, Pam (Glasgow) (Lab)

Eagle, Tim (Highlands and Islands) (Con)  
 Ewing, Annabelle (Cowdenbeath) (SNP)  
 Ewing, Fergus (Inverness and Nairn) (SNP)  
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)  
 Findlay, Russell (West Scotland) (Con)  
 FitzPatrick, Joe (Dundee City West) (SNP)  
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)  
 Gallacher, Meghan (Central Scotland) (Con)  
 Gibson, Kenneth (Cunninghame North) (SNP)  
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)  
 Golden, Maurice (North East Scotland) (Con)  
 Gosal, Pam (West Scotland) (Con)  
 Gougeon, Mairi (Angus North and Mearns) (SNP)  
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Gray, Neil (Airdrie and Shotts) (SNP)  
 Greene, Jamie (West Scotland) (Con)  
 Greer, Ross (West Scotland) (Green)  
 Griffin, Mark (Central Scotland) (Lab)  
 Gulhane, Sandesh (Glasgow) (Con)  
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)  
 Harper, Emma (South Scotland) (SNP)  
 Harvie, Patrick (Glasgow) (Green)  
 Haughey, Clare (Rutherglen) (SNP)  
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)  
 Hoy, Craig (South Scotland) (Con)  
 Hyslop, Fiona (Linlithgow) (SNP)  
 Johnson, Daniel (Edinburgh Southern) (Lab)  
 Halcro Johnston, Jamie (Highlands and Islands) (Con)  
 Kerr, Liam (North East Scotland) (Con)  
 Kidd, Bill (Glasgow Anniesland) (SNP)  
 Lennon, Monica (Central Scotland) (Lab)  
 Leonard, Richard (Central Scotland) (Lab)  
 Lochhead, Richard (Moray) (SNP)  
 Lumsden, Douglas (North East Scotland) (Con)  
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)  
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)  
 Mackay, Gillian (Central Scotland) (Green)  
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)  
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)  
 Maguire, Ruth (Cunninghame South) (SNP)  
 Marra, Michael (North East Scotland) (Lab)  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAllan, Màiri (Clydesdale) (SNP)  
 McArthur, Liam (Orkney Islands) (LD)  
 McCall, Roz (Mid Scotland and Fife) (Con)  
 McKee, Ivan (Glasgow Provan) (SNP)  
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)  
 McLennan, Paul (East Lothian) (SNP)  
 McMillan, Stuart (Greenock and Inverclyde) (SNP)  
 McNair, Marie (Clydebank and Milngavie) (SNP)  
 McNeill, Pauline (Glasgow) (Lab)  
 Minto, Jenni (Argyll and Bute) (SNP)  
 Mochan, Carol (South Scotland) (Lab)  
 Mountain, Edward (Highlands and Islands) (Con)  
 Mundell, Oliver (Dumfriesshire) (Con)  
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)  
 O'Kane, Paul (West Scotland) (Lab)  
 Regan, Ash (Edinburgh Eastern) (Alba)  
 Rennie, Willie (North East Fife) (LD)  
 Robertson, Angus (Edinburgh Central) (SNP)  
 Robison, Shona (Dundee City East) (SNP)  
 Roddick, Emma (Highlands and Islands) (SNP)  
 Ross, Douglas (Highlands and Islands) (Con)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Sarwar, Anas (Glasgow) (Lab)

Simpson, Graham (Central Scotland) (Con)  
 Slater, Lorna (Lothian) (Green)  
 Smith, Liz (Mid Scotland and Fife) (Con)  
 Smyth, Colin (South Scotland) (Lab)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Collette (East Kilbride) (SNP)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Stewart, Kaukab (Glasgow Kelvin) (SNP)  
 Stewart, Kevin (Aberdeen Central) (SNP)  
 Sturgeon, Nicola (Glasgow Southside) (SNP)  
 Sweeney, Paul (Glasgow) (Lab)  
 Swinney, John (Perthshire North) (SNP)  
 Thomson, Michelle (Falkirk East) (SNP)  
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)  
 Torrance, David (Kirkcaldy) (SNP)  
 Tweed, Evelyn (Stirling) (SNP)  
 Villalba, Mercedes (North East Scotland) (Lab) Proxy vote cast by Richard Leonard  
 Webber, Sue (Lothian) (Con)  
 Wells, Annie (Glasgow) (Con)  
 White, Tess (North East Scotland) (Con)  
 Whitfield, Martin (South Scotland) (Lab)  
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)  
 Whittle, Brian (South Scotland) (Con)  
 Wishart, Beatrice (Shetland Islands) (LD)

#### Against

Mason, John (Glasgow Shettleston) (SNP)

**The Presiding Officer:** The result of the division on motion S6M-13015, in the name of Gillian Mackay, is: For 123, Against 1, Abstentions 0.

#### *Motion agreed to,*

That the Parliament agrees to the general principles of the Abortion Services (Safe Access Zones) (Scotland) Bill.

**The Presiding Officer:** The next question is, that motion S6M-13017, in the name of Jenni Minto, on a legislative consent motion on the Victims and Prisoners Bill, which is UK legislation, be agreed to.

#### *Motion agreed to,*

That the Parliament agrees that the relevant amendments to the Victims and Prisoners Bill tabled by the UK Government on 17 April 2024, relating to an infected blood compensation body and further interim compensation payments, so far as these matters fall within the legislative competence of the Scottish Parliament or alter the executive competence of the Scottish Ministers, should be considered by the UK Parliament.

**The Presiding Officer:** The final question is, that motion S6M-13016, in the name of Richard Lochhead, on the appointment of the Scottish pubs code adjudicator, be agreed to.

#### *Motion agreed to,*

That the Parliament agrees that Sarah Havlin be appointed as the Scottish Pubs Code Adjudicator in line with part 5, paragraph 20 of schedule 2 of the Tied Pubs (Scotland) Act 2021, and for a period of three years.

**The Presiding Officer:** That concludes decision time.



## Health and Safety at Work etc Act 1974 (50th Anniversary)

**The Deputy Presiding Officer (Annabelle Ewing):** The final item of business is a members' business debate on motion S6M-12605, in the name of Bill Kidd, on the 50th anniversary of the Health and Safety at Work etc Act 1974. The debate will be concluded without any question being put.

### *Motion debated,*

That the Parliament marks the 50th anniversary of the Health and Safety at Work etc. Act 1974, which, to this day, remains the umbrella legislation that underpins all legal health, safety and welfare requirements for both employers and employees in the UK, including in the Glasgow Anniesland constituency; acknowledges the effect that this legislation has had on workplace safety through the laying down of wide-ranging duties on employers to protect the health, safety and welfare at work of all of their employees, as well as others on their premises, including temporary or casual workers, self-employed workers, clients, visitors and the general public; understands that, despite remaining too high, fatal injuries to employees fell by 73%, while reported non-fatal injuries dropped by 70%, between 1974 and 2007, and notes the belief that, in light of this milestone, it is time for all relevant stakeholders to come together to examine what steps need to be taken now to ensure that employment law continues to deliver for Scotland's workers for the next 50 years.

16:58

**Bill Kidd (Glasgow Anniesland) (SNP):** Tomorrow, around the globe, people will gather for May day, or international workers day. The day owes its origin to the labour movement of the late 19th century, when workers fought for better working conditions and asked for eight hours of labour and fair wages for it. The day is celebrated around the world to promote the rights of workers and to prevent them from being exploited any further than they have been already. The day gives workers a platform to raise their voices and tell policy makers and politicians to work in the direction of social justice.

It is therefore fitting that we take the opportunity today to also mark the 50th anniversary of the Health and Safety at Work etc Act 1974, which is, to this day, widely recognised as the overarching statutory framework for health and safety in the workplace. It is seen as the culmination of a long journey in the development of safety legislation from the 19th century onwards, in response to the particularly hazardous conditions of employment that existed in places such as factories and mines.

That journey was not, by any means, all plain sailing—it was long and arduous and had to be driven on by pioneers in the field: individuals and groups who were driven by a sense of duty and compassion towards those without a voice. They

included individuals such as Thomas Percival, alumnus of medicine at the University of Edinburgh. Alongside the instrumental part that he played in developing a code of medical ethics, which included a code for conduct towards patients, whether they were rich or poor, he led a group of doctors to supervise the appalling conditions that existed in textile mills. The group's subsequent report influenced the introduction of the Health and Morals of Apprentices Act 1802, which was also known as the factory act.

As was the case then, and as is the case even today, sadly, attempts to improve working conditions could be met with fierce resistance from many vested interests, and the first factory act was not particularly successful. However, it served to highlight the need for change and to galvanise a trade union movement that had suffered severe repression. Workers sensed that change in mood and began campaigning more openly for change.

In Scotland, the 1820 radical war, or the Scottish insurrection, captured that public mood, with a call for social and economic justice, workers' rights and an independent Scottish Parliament to make such decisions on behalf of the people. Tragically, the uprising was brutally put down by the British Government. In 2001, this Parliament debated the sacrifice of the three 1820 martyrs—James Wilson from Strathaven and John Baird and Andrew Hardie from Glasgow, who were hanged and beheaded for their beliefs. Despite continued fierce resistance from those who opposed change, the sacrifices of Baird, Hardie and Wilson, and the sacrifices of many others who came after them, have ensured that the march towards better working conditions has continued to this day.

I would like to take a moment to remember and thank those early pioneers—and, indeed, martyrs—who made so much possible, and I thank those who have continued and continue now to dedicate their lives to improving the conditions for so many workers as we face new challenges and new threats to our rights. In 1974, 651 workers were killed while at work; in 2022-23, the number had reduced to 135. In 1974, 336,722 workers were injured at work; 50 years later, the figure had dropped to 60,645. Although any injury or death is a tragedy, it can be argued that the Health and Safety at Work etc Act 1974 has undoubtedly been a success.

Last week, I was proud to sponsor again the Scottish Hazards exhibition in Parliament. Throughout my time as an MSP, Scottish Hazards has provided invaluable health and safety information, advice, support and representation to many of my constituents and to many across the country. I echo the calls by Scottish Hazards for my fellow members to signpost any inquiries that

they may have to that organisation, as its expertise is, as I have said, truly invaluable.

Last year, I was also proud to secure a members' business debate on firefighters memorial day, which takes place on 4 May to honour the sacrifice of firefighters who have lost their lives in the line of duty. In that debate, I highlighted the need to avoid complacency, and I stressed that, as the work of firefighters evolves, safety measures must also evolve to reflect the new dangers that they face. I thank and commend the Fire Brigades Union for its work on those issues—in particular, its DECON campaign, which is aimed at protecting firefighters and their families from those new risks.

Last year, my colleague Marie McNair brought to the chamber a debate on action mesothelioma day to raise awareness of the dangers of asbestos and mesothelioma. That debate further highlighted how our understanding of the dangers that workers face continues to evolve as our focus on those who are affected by asbestos changes, too. I thank Marie McNair and organisations such as Action on Asbestos for continuing to highlight those new dangers.

Those examples show us that we cannot stand still and that the journey towards safe and healthy working conditions is far from over. Where will that journey take us in the future? How can we ensure that health and safety responds to the needs of modern workers and that it not only protects existing rights but goes further in extending these rights? It is here that we need to seriously consider supporting calls for the complete devolution of health and safety law and employment law. By harnessing those powers, we can not only protect and improve workers' rights but use the powers to achieve much more, so that we create a system that, as the Institute for Public Policy Research notes,

"plays a positive and enabling role in wider national priorities, including tackling child poverty."

I hope and believe that we can all get on board with that journey.

17:04

**Marie McNair (Clydebank and Milngavie) (SNP):** I refer members to my entry in the register of members' interests, as I am a member of the trade union Unison. I thank my colleague Bill Kidd for bringing this important debate to the chamber.

The Health and Safety at Work etc Act 1974 sets out the framework for managing workplace health and safety in the United Kingdom. It was put in place 50 years ago to help to prevent workplace accidents, illness and death, during a time of particularly dangerous working conditions in mines and factories. Alongside the gains from

increasing membership of trade unions, the 1974 act has led to more tangible improvements in workplace conditions. It has ensured that staff receive training on health and safety procedures and that a safe working environment is maintained. It has laid down extensive requirements on employers to protect all their employees, including temporary and casual workers, and even visitors and the public. It has resulted in the number of fatal injuries to employees falling by 73 per cent—although the rate is still too high—while the number of reported non-fatal injuries dropped by 70 per cent between 1974 and 2007.

Clydebank—my home town and part of my constituency—has a rich industrial heritage as the hub of manufacturing and shipbuilding. For decades, workers in Clydebank made a huge contribution to the economy while working in extremely dangerous conditions. For those workers, the 1974 act brought about improvements to their working conditions. It led to the greater use of protective equipment and training programmes, which empowered workers to look after themselves and others in the workplace.

There is no doubt that the 1974 act has saved lives. However, despite the massive improvements, many workers in Clydebank continued to work with asbestos, and it was only 25 years on from the passing of the act that that was fully banned in the UK. By that time, the damage had been done, and the effects can be felt to this day as those who previously worked in such industries are diagnosed with asbestos-related health conditions such as pleural plaques or types of cancer such as mesothelioma and lung cancer.

The fight continues for those who are affected, and their families, to receive justice and compensation. That is why I spoke, alongside others, at Truth and Justice Square in Clydebank at the weekend, to mark international workers memorial day. We remembered those who have died and pledged to fight for the living. We also marked the sad passing of Bob Dickie and Hope Robertson, who were stalwarts of the Clydebank Asbestos Group.

Unfortunately, there are still hundreds of fatal injuries and thousands of non-fatal injuries in workplaces in the UK every year. As the nature of work continues to evolve, we must be mindful of the new hazards and risks to our workers. In particular, we must acknowledge that the mental health and emotional wellbeing of our employees is a huge part of employee health. Ensuring that workers have an open and supportive work environment has never been more important, and we must strive for continuous improvements and

best practice to keep up with how the workplace is changing in order to protect our workers.

All employees deserve to feel safe and secure in their workplace. Being in a safe environment allows workers to thrive and reach their full potential. So, as my colleague Bill Kidd noted, it is now time for us all to come together to examine what steps we can take to ensure that employment law continues to deliver for the workers of Scotland. The general wellbeing of our employees will be improved only with the scrapping of exploitative zero-hours contracts and the banning of unpaid trial shifts, as both of those practices are exploitative and do nothing to protect our workers' general wellbeing, but the UK Government will not deliver on that. Only with employment law and health and safety law controlled by the Scottish Government, in an independent Scotland, will our workers' rights and protections truly be upheld.

17:09

**Jamie Halcro Johnston (Highlands and Islands) (Con):** I congratulate Bill Kidd on bringing the debate to the chamber. In celebrating the 50th anniversary of the Health and Safety at Work etc Act 1974, the Parliament recognises the impact that that legislation has had on workplace safety across the UK. The 1974 act came out of the findings of the Robens report, and both Labour and Conservative Governments can claim to have delivered it. It has been a success. By 2008, it was found that, since the 1974 act had been passed, the number of fatal injuries to employees had fallen by 73 per cent and the rate of injuries per 1,000 employees had fallen by 76 per cent. However, as we reflect on the undoubted achievements of the 1974 act, we must recognise that—unsurprisingly—the act as it was originally passed was not the final say. It has required further amendment to get us where we are today.

On the evening of 6 July 1988, the Piper Alpha platform exploded, with the loss of 165 lives. The oil from the platform was piped to the Flotta oil terminal in Orkney, which is opposite my home. I remember, as a child, seeing the burned-out accommodation block, where so many men died while at work, sitting on the dock of the terminal. The Offshore Safety Act 1992 extended the application of the 1974 act to secure the safety, health and welfare of people on offshore installations.

There is still much to do, however, and I will highlight some of the other areas in which I recognise that there is an increased risk for those who are just doing their jobs. I remind members of my entry in the register of members' interests, as I am a partner in a farming business. In the agriculture sector, farmers and crofters often work

alone, and when something goes wrong, the consequences can be extremely dangerous. The very nature of farming means that we accept the risks that we take, and sometimes we become a little too complacent about those risks. I have experienced that at first hand. I was trying to free a calf from a fence, when I found myself surrounded by 20 of the herd. At the time, I thought nothing of it—while it could have been more worrying, it was an everyday incident.

One would struggle to find a farmer or crofter who does not spend a lot of their time using dangerous machinery, moving livestock or working on the top of a building. They do all those things on their own. That is why farming remains a profession with a high number of accidents and injuries, which are too often fatal. According to the Health and Safety Executive, farmers and farm workers account for 1 per cent of all UK workers but 18 per cent of all worker fatalities. That is why new technologies that help to increase safety are so welcome, particularly for those working alone, as are initiatives such as the Farm Safety Foundation's annual farm safety week, which this year will be held between 22 and 26 July.

**Emma Harper (South Scotland) (SNP):** I thank the member for giving way—I wisnae intending on speaking, but I, too, have a vested interest in safety on farms. A few years ago, I took forward a campaign about wearing helmets on quad bikes. That is not the law, but if you are a farmer, it can save your life. Do you think that that is a good idea in order to encourage safety on quad bikes?

**The Deputy Presiding Officer:** Through the chair, please.

**Jamie Halcro Johnston:** I thank Emma Harper for that intervention. Having just purchased a new safety helmet for somebody who works on our farm, I agree with that 100 per cent. I remind members that farm safety week will take place between 22 and 26 July this year—it is really important that people get involved in that.

However, agriculture is only one area of increased hazard. As an islander, I am acutely aware of the increased dangers at sea, albeit that they are often not covered by the 1974 act. Our fishermen work in all weathers, often operating miles from land and miles from immediate help in the event of an accident. The very nature of my region, the Highlands and Islands, creates additional challenges. Workplaces are often in remote locations where emergency assistance may be far away, so I briefly take the opportunity to recognise the role of our emergency services. When there is an accident or an incident or work, they often play a huge role in ensuring that a bad situation is not a fatal one.

Having mentioned the dangers of working offshore, I highlight the work of the Royal National Lifeboat Institution, in its 200th anniversary year, and our lifeboat crews, of whom I am a lifelong supporter.

In conclusion, it is imperative that we not only celebrate the progress that we have made in workplace safety but redouble our efforts to ensure that employers and employees are aware of the law, that rules and regulations are followed and that workplace safety is taken seriously and lives are saved because of it.

17:13

**Richard Leonard (Central Scotland) (Lab):** I thank Bill Kidd for bringing this important motion to Parliament, and I remind members of my own voluntary register of trade union interests.

It was Michael Foot who steered the Health and Safety at Work etc Bill through Parliament back in 1974. Kenneth O Morgan, in his magnificent biography of Foot, records that he hailed it as a powerful affirmation of three great socialist principles—

“three pillars ... essential to the ideas of democratic Socialism”. —[*Official Report, House of Commons*, 3 April 1974; Vol 871, c 1299.

Those are the words that Michael Foot used in the House of Commons. The 1974 act empowered ministers to give leadership, it mobilised the power of the state for a great cause, and it meant the active democratic participation of working people in their place of work. For the first time, it bestowed on trade unions the legal right to establish safety committees, to be recognised on all matters of health and safety and to trigger legal action to counter abuses.

To left thinkers like Hilary Wainwright, it was the nearest thing we had seen to industrial democracy. She said it was a

“source of power”

and a

“fusion of the political and industrial”.

To trade unionists like Jack Jones of the Transport and General Workers Union, this act of Parliament, carried in defiance of anger from the Confederation of British Industry and opposition from the House of Lords, was

“the most comprehensive legislation ever drafted covering people at work”.

So it is right that, in this Parliament tonight, we mark the 50th anniversary of its enactment.

Of course, the millionaires, the billionaires and their political representatives have been trying to

take our rights away—in recent times, from David Cameron's mendacious claim that

“excessive health and safety culture”

was

“an albatross around the neck of ... businesses”

to Rishi Sunak's odious attack, just 10 days ago, on the so-called “sick note culture”. Well, I have an answer for Rishi Sunak: start making workplaces healthier, end the long-hours culture, stop demonising disabled people and restore the national health service to a service free at the point of need, not at the end of a two-year waiting list.

At the weekend, we marked international workers memorial day, when we remembered the dead but vowed to fight for the living. That is why, half a century on from the 1974 act, it is once again the Labour Party that is offering a new deal for working people, a repeal of anti-trade union laws, a single enforcement body with an army of inspectors, an extension of free collective bargaining, employment rights from day 1, organising rights for trade unions from day 1, a ban on blacklisting and the reintroduction of civil liability for breaches of health and safety regulations. That is what I will be campaigning for and that is what I will be voting for in this year's general election.

Finally, let me recall “Labour's Programme 1973”, which gave birth to the Health and Safety at Work etc Act 1974. It begins with the solemn declaration to

“put the principles of democracy and Socialism above consideration of privilege and market economics”,

and it concludes with the great call of history:

“to bring about a fundamental and irreversible shift in the balance of power ... in favour of working people”.

It is a political vision based on political principles to achieve political outcomes that are as relevant today as they were then. It is a vision, and these are principles and outcomes that I, for one, will continue to fight for in 2024.

17:18

**Maggie Chapman (North East Scotland) (Green):** On Sunday, on a rather wet and chilly afternoon, many of us gathered at Persley walled garden in Woodside, in Aberdeen, just up from the River Don, at the workers memorial. We were there, as people are every year on 28 April, to mark international workers memorial day. We gather as workers and trade unionists to remember those who have lost their lives at work and those who are still fighting for safer conditions, better pay and improved representation in their workplaces.

It is fitting, then, that this evening we come together to mark the 1974 legislation, which underpins the legal requirements around workers' health, safety and welfare. I thank Bill Kidd for securing the debate and I refer members to my entry in the register of members' interests—I am a member of Unite the union.

Fifty years on, much has changed. As the motion outlines, the legislation has saved lives, and we will probably never know who is still alive today because of that legislation or which children still have a mother or a father because they were not killed at work. We cannot measure the scale or importance of those laws. However, too many workers are still killed at work. Since 1974, we have seen some awful tragedies unfold in which workers were killed or injured because their bosses chose to cut corners or to prioritise profits over the health and wellbeing of their workers.

In 1988, a fire that might have subsided or been put out resulted in a deadly explosion that killed 165 of the 226 workers on the Piper Alpha oil platform in the North Sea. Two crewmen from an emergency rescue boat also lost their lives. Those deaths were preventable. Workers on two nearby platforms—Claymore and Tartan—which pumped to Piper Alpha, could see that the platform that they were pumping to was alight, but they had been told never to shut off the oil and gas that they pumped, even to a burning platform. That order caused the deaths of 167 people, all because oil bosses could see no circumstance in which it would be appropriate to stop pumping. The Piper Alpha disaster led to a transformation in how the oil and gas industry treated the safety of its North Sea installations, but such a transformation should never have come at such a cost.

This year, the theme for international workers memorial day was the climate crisis and workers' health. We can all appreciate the impacts of climate change on occupational health and safety. A substantial body of evidence shows how extreme weather events, which are increasing in number as a consequence of climate change, exacerbate occupational risks. Heat stress, ultraviolet radiation, air pollution and increased exposure to chemicals are just some of the risks to which more and more workers are exposed more often.

Like Bill Kidd, I recognise the work of the Fire Brigades Union in highlighting the dangers that firefighters face when having to deal with more prevalent and more severe wildfires or when being exposed to carcinogenic chemicals in the course of their daily work. I applaud its DECON campaign, which seeks to raise awareness of the risks relating to the profession and to secure improved training, processes and resources to

keep firefighters as safe as possible while they work to save our lives.

There are so many other issues that I wanted to raise, from the mental ill health and stress that are caused by lack of resources to undertake roles to exposure to asbestos or unsafe reinforced autoclaved aerated concrete. Although the legislation of 50 years ago has saved lives, it is clear that, across so many different sectors, we still have much work to do to secure the health, safety and wellbeing of all our workers. We remember the dead and we continue to fight for the living.

17:22

**Carol Mochan (South Scotland) (Lab):** I, too, thank Bill Kidd for bringing this important debate to the chamber. The 50th anniversary of the Health and Safety at Work etc Act 1974 is, of course, worth remembering. The legacy of the act is one of our absolute successes, as thousands of lives have been saved year after year. The act evidences the power of proper democratic policy and a shared commitment to improving the lives of ordinary people. We should spend more time pointing out the history of such successes, as I fear that, at times, understandably, the public think that far too little of substance goes on in many of the Parliaments across the world.

As we know, the landmark legislation was a product of many years of campaigns by people from across the labour movement and, of course, by forward thinkers in the world of business who understood that a safe and healthy workplace is a productive and prosperous one. I have no doubt that many gigantic corporations could do with learning that lesson once again.

The figures are now better, but we must remain vigilant about health and safety in the workplace. As we know, Scotland has the highest rate of workplace fatalities in any part of the UK, so we must keep the matter at the top of our agenda in the Scottish Parliament. It is key that we properly enforce corporate responsibility for the death of workers under corporations' care.

As many members have mentioned, many of us attended local workers memorial day events on Saturday. I attended the East Ayrshire event, which was run by the Ayrshire trades council. It is the stories that people tell us about their family members that keep us all fighting.

For too long, corporations with turnovers of billions of pounds have fought tooth and nail to ensure that they do not have to recognise their responsibility for the deaths and injuries of workers. In some cases, they even do everything that they can to not take financial responsibility for the harms that have been caused.

That is completely unacceptable, and I am sure that almost all of us in this Parliament would want the balance to be tipped in favour of ordinary hard-working people rather than those gigantic corporations that make enormous profits.

I completely agree with Bill Kidd's motion—it is time to see how we can build on the lessons of the 1974 act and update employment law to reflect the changing world of work and the wisdom that we have gathered over the years, to make it work for us today. Just one death or serious injury in the workplace that could have been avoided is one too many. Until we have reached the goal of no deaths in the workplace, there is a great deal of work for us all to do, and I commit to continuing with that work.

17:25

**Fulton MacGregor (Coatbridge and Chryston) (SNP):** I thank the Presiding Officer for allowing me to contribute, as I was not initially down to speak, and I thank Bill Kidd for bringing his motion to the chamber.

As others have said, the Health and Safety at Work etc Act 1974 is extremely important. It is good that there has been a reduction in the fatal and non-fatal injury statistics—that is positive. However, I think that we can all agree that, although the 1974 act is very important, the decline of heavy industry in places such as my constituency and many other constituencies has played a big part in the reduction in the number of injuries over the time period in question—1974 to now. If the Conservative Governments at the time had not destroyed those industries, would the injury statistics still be the same, given that those Governments showed no support for workers in those industries at the time?

Like other members, I, too, was at the international workers memorial day event on Sunday at the Summerlee museum in Coatbridge, which was organised by the North Lanarkshire trade union council. My colleague Richard Leonard was there and, as usual, he made a very powerful speech. The Summerlee museum, which hosts that event every year, is a very fitting place for such a memorial service, as it sits in the heart of Coatbridge and Chryston, which is a constituency that is embedded in mining, steel and other heavy industry of the past.

Just 6 miles up the road is the Auchengeich memorial, which commemorates the disaster that took place there in 1959, when—as was mentioned at the service and is always mentioned—47 men lost their lives in Scotland's worst pit disaster of the 20th century. I have mentioned these statistics in the chamber before, as have others, and I have no shame in doing so

again: 41 women were widowed and 76 children were left without a father in that horrendous disaster. Every year, in September, a memorial service is held to commemorate all those who were affected by the disaster as well as those who were affected by the disaster of 1931 at the same pit.

As others have said, although the 1974 act is very important, we need to move with the times. Exploitative tactics definitely need to be banned, and, as Richard Leonard mentioned, there needs to be an end to blacklisting, which is still happening in the communities that we represent.

In addition, more account needs to be taken of the emotional stress associated with work. That is possibly the major health issue of our day. People who work in the NHS, as teachers or in the public sector more generally—as we are aware through our committee work and debates in the chamber, the issue particularly affects the police and members of the fire service—are under massive stress. Improvements have been made, but employers need to take even more account of that.

My previous colleagues in social work would expect me to mention the role of social workers in that context. As someone who has worked in that sector, I can say that the case loads are very heavy indeed. That can lead to the long hours that others have mentioned, with workers having to deal with very traumatic situations involving individuals who are at their most vulnerable.

Often, through necessity, there is lone working, although it is discouraged, and the rates of social workers being off with stress and suchlike are very high. I point members to the cross-party group on social work and the work of the Scottish Association of Social Workers and the great work that it does.

I will finish with the words that are on display at the Summerlee museum:

“The past we inherit, the future we build.”

17:30

**The Minister for Energy, Just Transition and Fair Work (Gillian Martin):** Today's motion and debate reflect a hugely important issue that affects us all and our country. I am grateful to Bill Kidd for giving Parliament the opportunity to discuss it. I am also grateful to everyone who has spoken in the debate. Every speech has been incredibly powerful. Lots of the speeches have referenced incidents, throughout the years, in which the health and safety of workers has not been a priority. We must always have that in mind when we debate the issue.

Health and safety at work is fundamental to the physical wellbeing of everyone in Scotland. Good working environments are a key determinant of good health, and good health is essential for productive work. Most importantly, people have the right to go to work and to come home unharmed. Healthy working conditions are an internationally recognised human right, but there are so many areas in which we can do better and so many countries that can do better. It is good to see that the UK and Scotland as a whole have made such strides in the legislation and workplace culture that we have put in place to make sure that more people come home to their families at the end of the working day.

International workers memorial day has been mentioned by many people, and it has been great to hear about the events that have been happening across the country.

**Clare Adamson (Motherwell and Wishaw) (SNP):** I commend all those who attended the ceremonies. Unfortunately, due to family circumstances, I was not able to attend, but I laid a wreath at the steelworkers memorial in my constituency of Motherwell and Wishaw to remember those from the steelworks in Motherwell. That is another example of such ceremonies and of how important it is to remember those who did not make it home from work and to fight for the future.

**Gillian Martin:** Absolutely. It is important that we always remember those who perished or were injured at work. I commend Clare Adamson for the work that she does in highlighting safety in general in this place, which she has done over many years.

Many members have talked about the selfless sacrifice of people who have campaigned because they have identified safety issues at their work, often at great expense to themselves in going up against big corporations. It is the strength and character of those brave people who have put themselves on the line that have engendered changes to legislation and resulted in political change as well.

Sadly, it has also been tragedy that has pointed to change. I wanted to talk about Piper Alpha—it was in my notes—but I am following so many members who have already done so. Jamie Halcro Johnston mentioned the 165 men on the platform who lost their lives along with two men from the supporting vessel, whom Maggie Chapman mentioned. I will never forget that night. My father was on a platform in the Norwegian sector, and we were like so many people who did not know exactly where their loved ones worked; they just worked offshore. I remember the fear. I was one of the lucky ones whose father was not on board on the night of 6 July 1988, but I know

some people who were affected. That disaster engendered a health and safety culture, and the oil and gas sector is probably one of the areas of work in which the biggest improvements have been made in health and safety. But—my goodness!—it should not have taken 167 lives lost for that to be the case.

Health and safety is a reserved matter, and the Health and Safety Executive is responsible for enforcement across the UK. It is not something that this Parliament or this Government has direct control over. I echo Bill Kidd's call for the power over health and safety legislation to come to this place and for the power over employment regulations to come to this place as well. That would allow us to make much more meaningful change—change of the type that has been recommended by many of the speakers in the debate—rather than wait for the UK Government to do that. I echo Richard Leonard's points about the way in which the Conservative Government has taken away workers' voices through anti-trade union activities.

However, the absence of devolved powers does not mean that there is nothing that we can do. We reaffirm the First Minister's policy prospectus. We are committed to embedding human rights in everything that we do, and the Scottish Government has long recognised the importance of health, safety and wellbeing in the workplace through our fair work Scotland approach. The key element of fair work is an effective workers' voice. We need to provide channels through which workers can raise concerns and ideas, and workers need to be involved in decisions about how workplaces function, because who can do that better than the people who know their workplace and the jobs that they are involved in?

I go back to oil and gas, as I often do, because I worked tangentially in that sector. In that sector, when people bring up health and safety concerns, they are never blamed or criticised; it is welcomed if they highlight where things can improve, and they are actively encouraged to do so. It would be good if many other sectors took that approach.

I will make a brief remark on what was said about lone working on farms. Lone working is often unavoidable. I pay tribute to the Farm Safety Foundation, or Yellow Wellies, which Jamie Halcro Johnston mentioned. I add to that the work that the Scottish Fishermen's Federation does on safety, welfare and training, which is very important work in a high-risk sector.

Marie McNair referenced the conditions that shipyard workers faced in her home town of Clydebank. I echo her tributes to Bob Dickie and Hope Robertson from the Clydebank Asbestos Group. I also support what Ms McNair said about

the banning of unpaid trial shifts—that was an important point that was well made.

People are living not just with health conditions but with disabilities as a result of their work in heavy industry. Many men have tinnitus because of the lack of ear protection, which has affected the rest of their lives—it is a debilitating condition. However, in industrial areas of Scotland now, personal protective equipment is standard, which would not have been the case without the legislation that has been referenced today.

In July 2023, we strengthened our fair work conditionality in public sector grants and contracts. We now require employers who are in receipt of grants to pay at least the living wage and to provide appropriate channels for an effective workers' voice. All the issues that we have talked about today would not have arisen if workers had been listened to—that is probably the most important takeaway from the debate. The more that we listen to workers, the better, and the more improvements there will be to their conditions so that we will not have terrible tragedies such as the ones that have been mentioned today.

*Meeting closed at 17:38.*



This is the final edition of the *Official Report* for this meeting. It is part of the Scottish Parliament *Official Report* archive and has been sent for legal deposit.

---

Published in Edinburgh by the Scottish Parliamentary Corporate Body, the Scottish Parliament, Edinburgh, EH99 1SP

---

All documents are available on  
the Scottish Parliament website at:

[www.parliament.scot](http://www.parliament.scot)

Information on non-endorsed print suppliers  
is available here:

[www.parliament.scot/documents](http://www.parliament.scot/documents)

For information on the Scottish Parliament contact  
Public Information on:

Telephone: 0131 348 5000

Textphone: 0800 092 7100

Email: [sp.info@parliament.scot](mailto:sp.info@parliament.scot)

---



The Scottish Parliament  
Pàrlamaid na h-Alba